

Dr. Jerry B. Smith Jr., DMD

PATIENT INFORMATION

Date: _____ Phone: _____ Cell: _____
Name: _____ SS#: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____ Sex: M F Age: _____
Birthdate: _____ Do you have dental insurance? YES NO
Whom may we think for referring you? _____

DENTAL HISTORY

Reason for today's visit: _____ Date of last visit: _____
Former Dentist: _____ Date of last dental x-rays: _____
How often do you floss?: _____ How often do you brush?: _____

Circle if you have had any problems with any of the following:

- | | | |
|--------------------|-------------------------|-------------------------------|
| Bad breath | | Sensitivity when biting |
| Grinding teeth | | |
| Bleeding gums | Sensitivity to sweets | Food collection between teeth |
| Loose teeth | Clicking or popping jaw | Sensitivity to cold |
| or broken fillings | Periodontal treatment | Sores or growth in your mouth |

MEDICAL HISTORY

Physician's name: _____ Date of last visit: _____
Have you ever taken any of the group of drugs referred to as "fen-pen?" YES NO
Have you had any serious illnesses or operations? YES NO
If yes, describe: _____
Have you ever had a blood transfusion? YES NO
If yes, describe: _____
(Women) Are you pregnant?: YES NO Nursing?: YES NO Birth Control Pills YES NO

ALLERGIES: _____

Circle if you have or have had any of the following:

- | | | |
|-------------------------|-----------------------|----------------------------|
| Anemia | Diabetes | Pacemaker |
| Arthritis, Rheumatism | Epilepsy | Ulcer |
| Artificial Heart Valves | Fainting | Radiation treatment |
| Artificial joints | Glaucoma | Respiratory disease |
| Asthma | Headaches | Rheumatic fever |
| Back Problems | Heart murmur | Scarlet fever |
| Blood disease | Heart problems | Shortness of breath |
| Cancer | Hemophilia | Skin rash |
| Chemical Dependency | Hepatitis | Stroke |
| Chemotherapy | High blood pressure | Swelling of feet or ankles |
| Circulatory problems | HIV/AIDS | Thyroid problems |
| Cortisone treatments | Jaw pain | Tobacco habit |
| Cough, persistent | Kidney disease | Tonsillitis |
| Cough up blood | Mitral valve prolapse | Tuberculosis |

MEDICATIONS: _____

Appointment cancellations within 24 hours are subject to a cancellation fee.

Sign: _____ Date: _____