

# BISHOP FAMILY DENTAL

Thank you for selecting our dental healthcare team! We will strive to provide you with the best possible dental care. To help us meet your dental healthcare needs, please fill out this form completely.

## UPDATED PATIENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Patient Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Contact preference (check all that apply)  Email  Text  Other \_\_\_\_\_

Dental Insurance Provider \_\_\_\_\_

## UPDATED HEALTH HISTORY

Any allergies?  Latex,  Penicillin,  Metal,  Local Anesthetic,  Sulfa,  Codeine

Other (explain) \_\_\_\_\_

Women-- Are you pregnant?  Yes  No, Nursing?  Yes  No, Due Date: \_\_\_\_\_

### Do you have or have you had any of the following?

Yes No

- AIDS/HIV
- Anemia
- Arthritis, Rheumatism
- Artificial Heart Valves
- Artificial Joints
- Asthma
- Back Problems
- Bleeding abnormally,  
with extractions or surgery
- Blood Disease
- Blood Pressure High
- Blood Pressure Low
- Cancer
- Chemical Dependency
- Chemotherapy

Yes No

- Diabetes
- Dizziness
- Epilepsy
- Glaucoma
- Hay Fever
- Headaches
- Head Injuries
- Heart Murmur
- Heart Disease
- Hepatitis Type \_\_\_\_\_
- Herpes
- Mental Disorder
- Mitral Valve Prolapse
- Nervous Disorder
- Pacemaker

Yes No

- Radiation Treatment
- Respiratory Problems
- Rheumatic Fever
- Shortness of Breath
- Sinus Problems
- Stroke
- Thyroid Problems
- TMJ Dysfunction
- Tumors
- Tuberculosis
- Ulcer
- Venereal Disease

I hereby certify that my answers to the forgoing questions are accurate. Since a change in my medical conditions or medications can affect dental treatment; I agree to take the responsibility to notify the dentist of any changes at any subsequent appointment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Patient, legal guardian or authorized agent of patient)