PATIENT REGISTRATION

ID;	Chart ID:					
First Name:	Approximately To the second se	Last Name:			Middle Initial:	
Patient Is: Policy Holder	Responsible Party	Preferred Name:				
Responsible Party (if son	neone other than the patient) -					
First Name:		Last Name:			Middle Initial:	
Address:		Addre	ss 2:		- And and a second of the seco	
City State Zin:					Pager:	
Home Phone:	Work Phone:	:		Ext:	Cellular:	
Birth Date:	Soc Sec:			Driver	's Lic:	
Responsible Party is also a P	olicy Holder for Patient	Policy Holder	Secondary Insurance Policy Holder			
Patient Information —						
Address:		Addres	s 2:			
City:		State / Zip:			Pager:	
Home Phone:	Work Phone:	ditaryminian		Ext:	Cellular:	
Gender: Male Fem	ale Unknown	Marital Status:	Married Sing	le Divorced	Separated Widowed	
Birth Date:	Age:	Soc	Sec:	Drivers	s Lic:	
E-mail:	Management 1		I would like to receive	ve correspondences via	a e-mail.	
	Section 2				- Section 3 -	
Employment Full Time	Part Time	Retired		n	Referred By	
Student Status: Full Time	Part Time			Emerg	evious Dentistgency Contact	
Medicaid ID:	Pref. Den	ntist:			ncy Contact #	
Employer ID:	Pref. Pharm	acy:				
Carrier ID:	Pref. I	łyg:	VA - 200 - 2			
Primary Insurance Inform	ation —					
Name of Insured:			Relationship to In	nsured: Self	Spouse Child Other	
Insured Soc. Sec:		Insured Birth Da				
Employer:			Ins. Comp	any:	Color of the Contract of the C	
Address:			Add	ress:		
Address 2:	Market 1 -		Addre	ss 2:		
City, State, Zip:			City, State,	Zip:		
Rem. Benefits:	Rem	. Deduct:		The second secon		
Secondary Insurance Info	rmation —					
Name of Insured:		manus and a second	Relationship to Ir	nsured: Self	Spouse Child Other	
Insured Soc. Sec:		Insured Birth Da	ite:			
Employer:			Ins. Comp	any:		
Address:			Addı	ress:		
Address 2:			Addres	ss 2;		
City, State, Zip:			City, State,	Zip:		
Rem. Benefits:	Rem	. Deduct:				

Χ

David City Dental Eaglesoft Medical History updated 5.27.25

Patient Name:

Birth Date:

Date Created:

Date:_

Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease	d or had a majo ad or neck injur pills, or drugs? thinner? , Phen-Fen or F Boniva, Actone honates?	Redux? Il or any other Penicilin Latex	Yes	○ No○ No	If yes		□ Taking oral	contraceptives?	
Have you ever had a serious hear Are you taking any medications, pare you currently taking a blood to Do you take, or have you taken, Have you ever taken Fosamax, Baredications containing bisphosphore Are you on a special diet? Do you use tobacco? Do you use controlled substances Women: Are you Pregnant/Trying to get pregnative you allergic to any of the follow Aspirin Metal Other? Or you have, or have you had, any AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease	ad or neck injur pills, or drugs? thinner? , Phen-Fen or F Boniva, Actone honates? annt? wing?	Redux? Il or any other Penicilin Latex	O Yes	No	If yes If yes If yes If yes If yes		<u> </u> Taking oral	contraceptives?	
Are you taking any medications, pare you currently taking a blood to Do you take, or have you taken, Have you ever taken Fosamax, Be medications containing bisphosphother and the you on a special diet? Do you use tobacco? Do you use controlled substances Women: Are you Pregnant/Trying to get pregnate and the you have, or have you had, any AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease	pills, or drugs? thinner? , Phen-Fen or F Boniva, Actone honates? ss? wing?	Redux? Il or any other Penicilin Latex	O Yes	No	If yes If yes If yes If yes		<u> </u> Taking oral	contraceptives?	
Are you currently taking a blood to Do you take, or have you taken, Have you ever taken Fosamax, Be medications containing bisphosphother. Are you on a special diet? Do you use tobacco? Do you use controlled substances. Women: Are you Pregnant/Trying to get pregnative you allergic to any of the follow. Aspirin Metal Other? Do you have, or have you had, any AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease	thinner? , Phen-Fen or F Boniva, Actone honates? es? mant? wing?	Redux? Il or any other Penicilin Latex	O Yes	No No No No No No No No	If yes If yes If yes		<u> </u>	contraceptives?	
Do you take, or have you taken, Have you ever taken Fosamax, B medications containing bisphospho Are you on a special diet? Do you use tobacco? Do you use controlled substances Vomen: Are you Pregnant/Trying to get pregnative you allergic to any of the follow Aspirin Metal Other? To you have, or have you had, any AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease	, Phen-Fen or F Boniva, Actone honates? es? mant? wing?	Penicilin	O Yes O Yes O Yes O Yes O Yes O Yes	No No No No No No No	If yes		<u> </u>	contraceptives?	
Have you ever taken Fosamax, B medications containing bisphospho Are you on a special diet? Do you use tobacco? Do you use controlled substances where you allergic to any of the follow Aspirin Metal Other? To you have, or have you had, any AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Joint Asthma Blood Disease	Boniva, Actone honates? es? mant? wing?	Penicilin	O Yes O Yes O Yes O Yes O Yes	O No O No O No O No	If yes		Taking oral	contraceptives?	
medications containing bisphospho Are you on a special diet? Do you use tobacco? Do you use controlled substances //omen: Are you Pregnant/Trying to get pregnate re you allergic to any of the follow Aspirin Metal Other? o you have, or have you had, any AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease	nonates? es? mant? wing?	Penidlin Latex	O Yes O Yes Nursing	○ No ○ No ○ No			<u> </u>	contraceptives?	
Do you use tobacco? Do you use controlled substances Nomen: Are you Pregnant/Trying to get pregnate you allergic to any of the follow Aspirin Metal Other? O you have, or have you had, any AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease	nant? wing? ny of the follow	Latex	O Yes O Yes	○ No ○ No	If yes		<u> </u>	contraceptives?	
Do you use controlled substances //omen: Are you Pregnant/Trying to get pregnate re you allergic to any of the follow Aspirin Metal Other? o you have, or have you had, any AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease	nant? wing? ny of the follow	Latex	O Yes	○ No	If yes		<u> </u>	contraceptives?	
re you allergic to any of the follow Aspirin Metal Other? O you have, or have you had, any AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Arthritis/Gout Artificial Heart Valve Asthma Blood Disease	nant? wing? ny of the follow	Latex	Nursing		If yes		<u> </u>	contraceptives?	
Pregnant/Trying to get pregnate Pregnant/Trying to get pregnate Pregnant/Trying to get pregnate Pregna	wing? ny of the follow	Latex	Nursing				☐ Taking oral	contraceptives?	
Pregnant/Trying to get pregnate Pregnant/Trying to get pregnate Pregnant/Trying to get pregnate Pregna	wing? ny of the follow	Latex		g?			☐ Taking oral	contraceptives?	
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Aspirin Metal Other? o you have, or have you had, any AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease	ny of the follow	Latex							
Aspirin Metal Other? o you have, or have you had, any AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease	ny of the follow	Latex						AND THE RESERVE OF THE PARTY OF	25 W - W - Market Control - 1
Other? o you have, or have you had, any AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease						Codeine		☐ Acrylic	
Artificial Joint Asthma Blood Disease		ina?	П			Sulfa Drugs		Local Anesthetics	
AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease		ina?			If yes				
AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease		IEBE16							
Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease	162 6 1140	Cortisone Medic	ine	(Yes	⊘ No	Hemophilia	O Yes O No	Radiation Treatments	O Yes O
Anaphylaxis Anamia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease	1 955-52 X /10 01764C16	Diabetes	ar ic	() Yes		Hepatitis A	O Yes O No	Recent Weight Loss	O Yes O
Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease	Yes No	Drug Addiction		() Yes	540	Hepatitis B or C	O Yes O No	Renal Dialysis	O Yes O
Angina O Arthritis/Gout O Artificial Heart Valve O Artificial Joint O Asthma O Blood Disease O	Yes O No	56 sec 100			_	Herpes	O Yes O No	Rheumatic Fever	O Yes O
Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease	Yes (No	Easily Winded		O Yes		High Blood Pressure		Rheumatism	O Yes O
Artificial Heart Valve Artificial Joint Asthma Blood Disease	Yes (No	Emphysema		O Yes	500	THE RESERVE AND A STREET OF SECURIOR STREET	O Yes O No	Septiment of the second	C 1990 C CONTROL OF THE CONTROL OF T
Artificial Joint O Asthma O Blood Disease O	Yes 🔘 No	Epilepsy or Seizi		O Yes	College of the	High Cholesterol	O Yes O No	Scarlet Fever	O Yes O
Asthma O Blood Disease O	Yes () No	Excessive Bleed	ling	O Yes	O No	Hives or Rash	O Yes O No	Shingles	O Yes O
Blood Disease	Yes 🔘 No	Excessive Thirst	t	O Yes	O No	Hypoglycemia	Yes No	Sickle Cell Disease	O Yes O
The same of the sa	Yes 🔘 No	Fainting Spells/D	Dizziness	O Yes	O No	Irregular Heartbeat	Yes No	Sinus Trouble	Yes (
Blood Transfission	Yes () No	Frequent Cough	1	O Yes	O No	Kidney Problems	Yes No	Spina Bifida	O Yes
DIOOG Halisidsion	Yes () No	Frequent Diarrh	ea	O Yes	O No	Leukemia	Yes No	Stomach/Intestinal Disease	O Yes O
Breathing Problems	Yes () No	Frequent Heada	aches	O Yes	O No	Liver Disease	O Yes O No	Stroke	O Yes O
Bruise Easily	Yes 🔘 No	Genital Herpes		O Yes	() No	Low Blood Pressure	O Yes O No	Swelling of Limbs	O Yes O
	Yes (No	Glaucoma		() Yes	97 .	Lung Disease	Yes No	Thyroid Disease	O Yes O
· · · · · · · · · · · · · · · · · · ·	Yes (No	Hay Fever		O Yes		Mitral Valve Prolapse	O Yes O No	Tonsillitis	O Yes O
	Yes () No	Heart Attack/Fa	ilure	() Yes	111111111111111111111111111111111111111	Osteoporosis	O Yes O No	Tuberculosis	O Yes O
	Yes () No	Heart Murmur		O Yes		Pain in Jaw Joints	O Yes O No	Tumors or Growths	O Yes O
	Yes () No	Heart Pacemake	er .	() Yes	1.00	Parathyroid Disease	O Yes O No	Ulcers	O Yes O
to Marie State of the State of	Yes () No	Heart Trouble/D		() Yes	N. GARRIES (1907)	Psychiatric Care	O Yes O No	Venereal Disease	O Yes O
200 101 2001 1020 20000	Yes () No	ricuit moubie/D		⊕ res	ON O	. aya assic conc	G 163 6 110		J.W 0
		1						L	
Have you ever had any serious illr	liness not listed	above?	O Yes (() No	If yes				
omments:									
comments:					, , , , , , , , , , , , , , , , , , ,				
		100000000000000000000000000000000000000			1.034	***			
the best of my knowledge, the qu				y answered.	. I unders	tand that providing incorre	ect information can be	dangerous to my (or patient's)) health. It is
Signature of Patient, Parent or Gu		ancies in medical et							