

DATE _____

ROBERT BATTON, D.D.S.

JUSTIN HARLIN, D.D.S

ACQUAINTANCE AND HEALTH HISTORY RECORD

PATIENT INFORMATION:

NAME _____ DATE OF BIRTH _____

IF A MINOR, PARENT OR GUARDIAN'S NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (____) _____ BUSINESS PHONE (____) _____

CELL PHONE (____) _____ PAGER (____) _____ E-MAIL _____

SOCIAL SECURITY # _____ DL# _____

EMPLOYER _____ OCCUPATION _____

INSURANCE _____ GROUP NO. _____

WHOM MAY WE THANK FOR REFERRING YOU? _____

WHEN WAS YOUR LAST DENTAL CLEANING & CHECK UP? _____

ARE YOU PLEASED WITH THE APPEARANCE OF YOUR TEETH GUMS? _____

IF NO WHY? _____

WHAT IS YOUR MAIN PURPOSE IN SCHEDULING THIS VISIT? _____

INSURANCE INFORMATION:

IF YOU ARE NOT THE INSURED, PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING THE INSURED:

RELATION TO PATIENT _____ INSURANCE ID (IF DIFFERENT FROM SSN) _____

INSURED'S NAME _____ DATE OF BIRTH _____ SSN# _____

ADDRESS _____

PHONES (H) _____ (W) _____ (C) _____

EMPLOYER _____ INSURANCE CO. _____ GROUP NO. _____

MEDICAL INFORMATION:

PHYSICIAN'S NAME AND PHONE NO. _____

ARE YOU PRESENTLY UNDER A PHYSICIAN'S CARE? _____ FOR WHAT? _____

LIST ANY ALLERGIES YOU HAVE: _____

LIST ANY MEDICATIONS YOU ARE TAKING: _____

ARE YOU PREGNANT? _____ NUMBER OF MONTHS _____

DO YOU SMOKE? _____

CIRCLE ANY OF THE FOLLOWING THAT YOU HAVE HAD:

- | | | | |
|--------------------|-----------------------|------------------------|--------------------|
| HEART SURGERY | CHRONIC FEVER | AIDS/HIV | JOINT REPLACEMENT |
| EXCESSIVE BLEEDING | ASTHMA | CHRONIC SINUS | TUBERCULOSIS |
| SORE THROAT | ANGINA PECTORIS | ARTHRITIS | NERVOUS PROBLEMS |
| SWOLLEN ANKLES | HIGH/LOW BLOOD PRESS. | VENEREAL DISEASE | NIGHT SWEATS |
| FAINT EASILY | CIRCULATORY PROBLEMS | ARTIFICIAL HEART VALVE | HEADACHES |
| HEART PROBLEMS | RHEUMATIC FEVER | RADIATION THERAPY | SWOLLEN LYMPHNODES |
| PNEUMONIA | HEPATITIS | EPILEPSY | DRUG DEPENDENCY |
| MALIGNANCIES | DIABETES | KIDNEY PROBLEMS | LUNG PROBLEMS |

HAVE YOU EVER TAKEN REDUX OR PHEN FEN? _____

SIGNATURE _____ DATE _____