

UNC Hospital's Dental Clinic

Patient Information

Today's Date: _____

Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Sex: M F Please Circle One: Minor Single Married Other SS# _____

Home Phone _____ Work Phone _____ Ext _____ Email _____

Your Employer (Parent, if minor) _____

Spouse Name (Parent, if minor) _____ Work Phone _____

Emergency Contact _____ Telephone _____

Who may we thank for referring you to our office? _____

Do you have any insurance? Yes No If so, please provide insurance information.

Medical History

Physician Name _____ Phone _____

Are you currently under the care of a doctor? _____

Are you taking any medications? If yes, please list _____

Surgical History: Please list all prior operations with dates _____

Have you had any major operations or illnesses? _____

Known Allergies: Penicillin Codeine Aspirin Other _____

Please check if you have, or had, any of the following:

Heart Problems:

- High Blood Pressure
- Angina/chest pain
- Heart attack
- Artificial heart valve
- Congestive heart failure
- Pacemaker
- Heart surgery
- Rheumatic fever
- Endocarditis
- Heart palpitations

Other: _____

Nervous Problems:

- Stroke
- Epilepsy/seizures
- Parkinson's
- Psychiatric care

Other: _____

Blood Problems:

- Anemia
- Sickle cell disease
- Coumadin therapy
- Hemophilia

Other: _____

Endocrine:

- Diabetes
- Thyroid Disorder

Other: _____

Breathing Problems:

- Asthma
- Tuberculosis
- Bronchitis/emphysema/COPD
- Frequent cough
- Shortness of breath

Other: _____

For Women Only:

- Pregnant
- Using birth control

Other: _____

Digestive Problems:

- GERD/ulcers
- Diarrhea
- Celiac Disease

Other: _____

Oral Problems:

- Sjogren's Syndrome
- Ulcers
- Past reaction to local anesthetics

Head, Ears, Eyes, Nose, & Throat:

- Headache
- Numbness
- Swollen Lymph Nodes
- Difficulty Swallowing

Other: _____

Other Problems:

- Renal/Kidney disease
- Dialysis
- Organ Transplant
- Cancer
- Radiation/chemotherapy treatment
- History of bisphosphonate use
- Artificial joint
- Arthritis
- Liver disease
- Tumors or growths

Infectious Diseases:

- Hepatitis A
- Hepatitis B
- Hepatitis C
- HIV/AIDS
- Tuberculosis

Social history: past and current

Cigarettes/cigars/pipes/chewing tobacco

How much per day/how many days:

Alcohol Beverages: How much per week?

Recreational drugs: What and how often?
