

New patient Information Sheet

Patient's Information

Today's Date: _____ Appt Date: _____ Appt Time: _____

Reason for Appointment: Exam / Clean / In Pain / ortho / Denture / Consultaion on: _____

Other: (Please Specify) _____

Patient's Name:

Dr. / Mr. / Mstr. / Ms / Miss _____
Last First Initial

(for child only) Parent's Name: _____

Patient's language Preference: _____ Date of Birth (MM/DD/YY) _____

Home#: _____ Work#: _____ Cell#: _____

Address: _____ Referred By: _____

Email address: _____

Dental Information:

1. Do you have any Dental Insurance Coverage?

If YES, Please provide insurance name _____ Group# _____ ID# _____

Subscriber's name: _____ DOB _____ Employer _____

2. 1st Dental Visit ? Yes / No

Date of last Dental Visit: _____ Reason: _____

Dentist Name: Dr. _____ Tel: _____

Last Dental X-Ray: _____ Dentist Name: Dr. _____ Tel: _____

Date Last Cleaning: _____

3. Are you presently on any medication: Yes / No

*****If YES, Remind patient to bring along list of medicationi

4. Do you need any pre-medication before Dental Appointment: Yes / No

*****If YES, Remind patient to take the medication 1 hour before the appointment

5. Are you allergic to anything: Yes / No

*****If YES, Please Specified: _____

6. For WOMAN patient: Are you pregnant? Yes / No

*****If YES, Expected Due Date: (mm/yy) _____

PLEASE CIRCLE YES (Y) OR NO (N) IF YOU HAVE/HAD ANY OF THE CONDITIONS LISTED BELOW: NAME: _____ DATE: _____

HEART FAILURE - 心衰弱	(Y/N)	BLOOD TRANSFUSION - 輸血
	(Y/N)	
HEART DISEASE OR ATTACK - 心臟病	(Y/N)	DRUG ADDICTION - 毒癮
	(Y/N)	
ANGINA PECTORIS - 心絞痛	(Y/N)	HEMOPHILLA - 血小板不全
(Y/N)		
HIGH BLOOD PRESSURE - 高血壓	(Y/N)	VENEREAL DISEASE - 性病
	(Y/N)	
HEART MURMUR - 心漏症	(Y/N)	COLD SORES - 飛滋
	(Y/N)	
RHEUMATIC FEVER - 風濕熱	(Y/N)	EPILEPSY OR SEIZURES - 癲癇
	(Y/N)	
CONGENITAL HEART LESION - 先天心臟病	(Y/N)	FAINING SPELLS - 易頭暈
	(Y/N)	
SCARLET FEVER - 猩紅熱	(Y/N)	NERVOUSNESS - 易緊張
	(Y/N)	
ARTIFICIAL HEART VALVE - 人造心瓣膜	(Y/N)	
HEART PACEMAKER - 心臟調整裝置	(Y/N)	SICKLE CELL DISEASE - 镰状细
胞贫血病		
PSYCHIATRIC TREATMENT - 心理治療	(Y/N)	
	(Y/N)	
HEART SURGERY - 心臟手術	(Y/N)	BRUISE EASILY - 易瘀青
	(Y/N)	
ARTIFICIAL JOINTS (HIP, KNEE) - 人造關節	(Y/N)	BLEEDING PROBLEMS - 流血問
題	(Y/N)	
ANEMIA - 貧血	(Y/N)	A.I.D.S. - 愛滋
	(Y/N)	
HEPATITIS A - A型肝炎	(Y/N)	HEPATITIS B - B型肝炎
	(Y/N)	
LIVER DISEASE - 肝病	(Y/N)	GLAUCOMA - 青光眼
	(Y/N)	
YELLOW JAUNDICE - 黃疸	(Y/N)	CHOLESTEROL - 膽固醇
	(Y/N)	
STROKE - 中風	(Y/N)	YELLOW JAUNDICE - 黃疸
	(Y/N)	
KIDNEY TROUBLE - 腎病	(Y/N)	H.I.V. POSITIVE - 人類免疫缺陷
病毒 (Y/N)		
ULCERS - 胃潰瘍	(Y/N)	IMMUNE DISEASE - 免疫力不全
	(Y/N)	
COSMETIC SURGERY - 整形	(Y/N)	
EMPHYSEMA - 氧氣不足	(Y/N)	
TUBERCULOSIS - 肺癆	(Y/N)	
ASTHMA - 氣喘	(Y/N)	
HAY FEVER - 花粉症	(Y/N)	
SINUS TROUBLE - 鼻竇炎	(Y/N)	

ALLERGIES OR HIVES - 敏感 或 蕁麻疹 (Y/N)
DIABETES - 糖尿病 (Y/N)
THYROID DISEASE - 甲狀腺 (Y/N)
X-RAY TREATMENT - X光治療 (Y/N)
CHEMOTHERAPY (CANCER) - 化療 (Y/N)
ARTHRITIS - 關節炎 (Y/N)
RHEUMATISM - 風濕 (Y/N)
CORTISONE MEDICINE - 如果您有任何醫療或牙齒治療, 告诉您的医生或牙醫您採取風濕
甾酮(Y/N)
PAIN IN JAW JOINTS -下顎關節疼痛 (Y/N)