## 1840 East Main Street Onalaska, WI 54650 608-783-1306

## **DENTAL**

## Welcome

Patient Information:		Date	
lame			
ddress			
ome Phone Cell Phone	E-Mail		
Preferred way to contact you? $\square$ Home $\square$ Cell $\square$	□ Text □ E-mail		
Check Appropriate Box: 🗆 Minor 🗀 Single 🗀 Marr	ried 🗆 Divorced 🗆 W	′idowed □ Separated	
mployer	Work Phone		
Vhom may we thank for referring you?			
Person we may contact in case of an emergency			
Home number			
Previous Dentist(Name & location)			
Spouse Information:			
lis/Her Name			_
Work number	Cell number		
Responsible party: (if different than yourself)			
Jame	Relationship	SS#	
Employer			
Home numberBilling address			
nsurance Information:			
Name of InsuredBir		_Relationship to patient	
Name of Employer	SS#		
nsurance Company	Group #	ID #	
nsurance Co. Address	City	StateZip	
Do you have additional insurance? □ Yes □No If YES,	, complete the following.		
Jame of Insured Biri			
lame of Employer			
nsurance Company			
	[Type text]		
nsurance Co. Address	City	StateZip	
(	Over Please		
though dental personnel primarily treat the area in	•		
ody. Health problems that you may have, or medic terrelationship with the dentistry you will receive.	Thank you for answer	ing the following questions.	
Physician		Ph#	
Are you under a physician's care no	OW? OYes ONo If yes, p explain		
Have you ever been hospitalized or had major peration?	OYes ONo If yes, p		
Have you ever had a serious head or neck inju		lease	
Are you taking any medications, pills, or dru			
	ugs? OYes ONo If yes, p		
Do you take, or have you taken Phen-Fen or Red			
	Jux? OYes ONo		
	lux? OYes ONo  ther OYes ONo		
lave you ever taken Fosamax, Boniva, Actonel or any ot	dux? OYes ONo ther OYes ONo tes?		
lave you ever taken Fosamax, Boniva, Actonel or any ot medications containing bisphosphonat	Ilux? OYes ONo ther OYes ONo tes?  iet? OYes ONo		
lave you ever taken Fosamax, Boniva, Actonel or any ot medications containing bisphosphonat Are you on a special d Do you use tobac	iet? OYes ONo  OYes ONo  OYes ONo  OYes ONo		
lave you ever taken Fosamax, Boniva, Actonel or any ot medications containing bisphosphonat Are you on a special d	iet? OYes ONo  OYes ONo  OYes ONo  OYes ONo		
lave you ever taken Fosamax, Boniva, Actonel or any ot medications containing bisphosphonat Are you on a special d Do you use tobac	iet? OYes ONo  OYes ONo  OYes ONo  OYes ONo		
ave you ever taken Fosamax, Boniva, Actonel or any ot medications containing bisphosphonat Are you on a special d Do you use tobac Do you use controlled substance	iet? OYes ONo  CCO? OYes ONo  OYes ONo  OYes ONo  OYes ONo  OYes ONo		
lave you ever taken Fosamax, Boniva, Actonel or any ot medications containing bisphosphonat Are you on a special d Do you use tobac	iet? OYes ONo  CCO? OYes ONo  OYes ONo  OYes ONo  OYes ONo  OYes ONo	aking oral contraceptives? OYes C	DNo

Oyes | Cortisone Medicine

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

□Other: If yes please explain\_

AIDS/HIV positive

Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions	ONo OYes ONo	Diabetes Drug Addiction Easily Winded Emphysema Epilepsy/Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizzy Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/ Disease	ONO OYes	Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve	ONO OYes	Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths	ONO OYes ONO OYes ONO OYes ONO OYes ONO OYes ONO OYes ONO
Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions	ONO OYES	Easily Winded Emphysema Epilepsy/Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizzy Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/	ONO OYES ONO	Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease	ONO OYes	Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis	ONO OYes ONO OYes ONO OYes ONO OYes ONO OYes ONO OYes ONO
Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions	OYes ONO	Emphysema Epilepsy/Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizzy Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/	OYes ONo	High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease	OYes ONO OYes ONO OYes ONO OYes ONO OYes ONO OYes ONO	Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis	OYes ONO OYes ONO OYes ONO OYes ONO OYes ONO OYes ONO
Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions	OYes ONO	Epilepsy/Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizzy Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/	ONO OYes ONO OYes ONO OYes ONO OYes ONO OYes ONO OYes ONO	Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease	OYes ONO OYes ONO OYes ONO OYes ONO OYes ONO OYes ONO	Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis	ONo OYes ONo OYes ONo OYes ONo OYes ONo OYes ONo
Arthritis/Gout Arthritis/Gout Arthritis/Gout Arthritis/Gout Arthritis/Gout Arthritis/Gout Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions	ONO OYES ONO	Excessive Bleeding Excessive Thirst Fainting Spells/Dizzy Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/	ONO OYes ONO OYes ONO OYes ONO OYes ONO OYes ONO OYes ONO	High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease	ONO OYes ONO OYes ONO OYes ONO OYes ONO OYes ONO	Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis	ONo OYes ONo OYes ONo OYes ONo OYes ONo OYes ONo
Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions	OYes ONo	Excessive Thirst Fainting Spells/Dizzy Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/	OYes ONo OYes ONo OYes ONo OYes ONo OYes ONo OYes ONo	Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease	OYes ONo OYes ONo OYes ONo OYes ONo OYes ONo	Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis	OYes ONO OYes ONO OYes ONO OYes ONO
Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions	ONO OYES ONO	Fainting Spells/Dizzy Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/	ONO OYES ONO OYES ONO OYES ONO OYES ONO OYES ONO	Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease	ONo OYes ONo OYes ONo OYes ONo OYes ONo	Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis	ONO OYes ONO OYes ONO OYes ONO
Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Convulsions	OYes ONo	Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/	OYes ONo OYes ONo OYes ONo OYes ONo OYes ONo	Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease	OYes ONo OYes ONo OYes ONo	Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis	OYes ONo OYes ONo OYes ONo OYes ONo
Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions	ONO OYes ONO OYes ONO OYes ONO OYes ONO OYes ONO OYes	Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/	ONo OYes ONo OYes ONo OYes ONo OYes ONo	Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease	ONo OYes ONo OYes ONo	Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis	ONo OYes ONo OYes ONo
Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions	OYes ONo OYes ONo OYes ONo OYes ONo OYes ONo OYes ONo	Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/	OYes ONo OYes ONo OYes ONo	Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease	OYes ONo OYes ONo	Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis	OYes ONo OYes ONo
Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions	ONo OYes ONo OYes ONo OYes ONo OYes ONo OYes	Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/	ONo OYes ONo OYes ONo	Leukemia Liver Disease Low Blood Pressure Lung Disease	ONo OYes ONo	Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis	ONo OYes ONo
Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions	OYes ONo OYes ONo OYes ONo OYes ONo	Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/	OYes ONo OYes ONo	Liver Disease Low Blood Pressure Lung Disease	OYes ONo	Thyroid Disease Tonsillitis Tuberculosis	OYes ONo
Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions	ONo OYes ONo OYes ONo OYes ONo	Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/	ONo OYes ONo	Low Blood Pressure Lung Disease	ONo	Tonsillitis Tuberculosis	ONo
Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions	OYes ONo OYes ONo OYes	Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/	OYes ONo	Pressure Lung Disease		Tuberculosis	
Convulsions	OYes ONo OYes ONo OYes	Heart Murmur Heart Pacemaker Heart Trouble/	OYes ONo	Lung Disease	OYes		044
Cold Sores/Fever Slisters Congenital Heart Disorder Convulsions	ONo OYes ONo OYes	Heart Pacemaker Heart Trouble/	ONo				OYes
Slisters Congenital Heart Disorder Convulsions	OYes ONo OYes	Heart Trouble/			ONo	Ulcers	ONo
Congenital Heart Disorder Convulsions	ONo OYes	•	O 163	Prolapse	OYes	Sexually Transmitted	OYes
Disorder Convulsions	OYes		ONo	Osteoporosis	ONo	Infection	ONo
Convulsions			OYes	Pain in Jaw Joints	OYes	Yellow Jaundice	OYes
	ONO			Parathyroid			
	O11		ONo	Disease	ONo		ONo
	OYes		OYes	Psychiatric Care	OYes		OYes
	ONo		ONo		ONo		ONo
	OYes		OYes		OYes		OYes
	ONo		ONo		ONo		ONo
	OYes		OYes		OYes		OYes
	ONo		ONo		ONo		ONo
	OYes		OYes		OYes		OYes
	ONo		ONo		ONo		ONo
	OYes		OYes		OYes		OYes
	ONo		ONo		ONo		ONo
	OYes		OYes		OYes		OYes
	ONo		ONo		ONo		ONo
	OYes		OYes		OYes		OYes
	ONo		ONo		ONo		ONo
	OYes		OYes		OYes		OYes
	ONo		ONo		ONo		ONo
	OYes		OYes		OYes		OYes
	ONo		ONo		ONo		ONo
							OYes
							ONo

Oyes Hemophilia

**Radiation Treatments** 

OYes

OYes

Are you allergic to any of the following? □Aspirin □Penicillin □Codeine □Local Anesthetic □Acrylic

□Metal □Latex □Sulfa

information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status. I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such Dental care to third party payors and/or health practitioners. I authorize and request my insurance company to pay directly to the dentist insurance benefits otherwise payable to me. I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependants.