



# WINNETKA

ENDODONTICS

## PATIENT REGISTRATION

Date \_\_\_\_\_

### Personal Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Widow \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Bus. Ph. \_\_\_\_\_

Spouse Name \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Bus. Ph. \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

### Guarantor Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

### Dental Insurance

Primary Dental Insurance \_\_\_\_\_ Employer \_\_\_\_\_

Subscriber Name \_\_\_\_\_ ID \_\_\_\_\_

Subscriber Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Secondary Dental Insurance \_\_\_\_\_ Employer \_\_\_\_\_

Subscriber Name \_\_\_\_\_ ID \_\_\_\_\_

Subscriber Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_



# WINNETKA ENDODONTICS

## PATIENT REGISTRATION

Date \_\_\_\_\_

### Medical History

Are you under a Physician's care for a long term illness? Y \_\_\_ N \_\_\_

If yes please explain: \_\_\_\_\_

\*Do you premedicate for dental procedures? Y \_\_\_ N \_\_\_

\*Premedicating is a standing order by your attending physician to take antibiotics before ALL dental procedures due to an existing medical condition.

For Women: Are you pregnant? Y \_\_\_ N \_\_\_ Are you nursing? Y \_\_\_ N \_\_\_

Have you ever had any of the following diseases or medical conditions?

Abnormal Bleeding	Y ___ N ___	Herpes/Fever Blisters	Y ___ N ___
Alcohol/Drug Abuse	Y ___ N ___	High Blood Pressure	Y ___ N ___
Anemia	Y ___ N ___	HIV+/AIDS	Y ___ N ___
Arthritis	Y ___ N ___	Hospitalized for any reason	Y ___ N ___
Asthma	Y ___ N ___	Kidney Problems	Y ___ N ___
Cancer/Chemotherapy	Y ___ N ___	Liver Disease	Y ___ N ___
Congenital Heart Defect	Y ___ N ___	Low Blood Pressure	Y ___ N ___
Diabetes	Y ___ N ___	Mitral Valve Prolapse	Y ___ N ___
Difficulty Breathing	Y ___ N ___	Nervous/Anxiety	Y ___ N ___
Emphysema	Y ___ N ___	Pacemaker	Y ___ N ___
Epilepsy	Y ___ N ___	Psychiatric Problems	Y ___ N ___
Heart Attack	Y ___ N ___	Radiation Treatment	Y ___ N ___
Heart Murmur	Y ___ N ___	Seizures	Y ___ N ___
Heart Surgery	Y ___ N ___	Sinus Problems	Y ___ N ___
Hemophilia	Y ___ N ___	Stroke	Y ___ N ___
Hepatitis	Y ___ N ___	Tuberculosis	Y ___ N ___
Heart Valve Replacement	Y ___ N ___	Joint Replacement	Y ___ N ___

Please list any additional serious medical conditions \_\_\_\_\_

Are you allergic to any of the following?

Aspirin	Y ___ N ___	Latex	Y ___ N ___
Codeine	Y ___ N ___	Penicillin	Y ___ N ___
Epinephrine	Y ___ N ___	Sulfa	Y ___ N ___
Erythromycin	Y ___ N ___	Ibuprofen	Y ___ N ___

Please list any additional medicine allergies \_\_\_\_\_

Are you currently taking or have you ever taken any of the following medications:

Zoledronate (Zometa)	Y ___ N ___	Pamidronate (Aredia)	Y ___ N ___
Clodronate (Bonafos)	Y ___ N ___	Ibandronate ( Boniva)	Y ___ N ___
Risedronate (Actonel)	Y ___ N ___	Alendronate (Fosamax )	Y ___ N ___
Tiludronate (Skelid)	Y ___ N ___	Etidronate (Didronel)	Y ___ N ___
Neridronate	Y ___ N ___	Olpadronate	Y ___ N ___
Reclast	Y ___ N ___	Alclasta	Y ___ N ___
Denosumab (Prolia)	Y ___ N ___		

Please list any additional medication you are taking \_\_\_\_\_

Signed \_\_\_\_\_