

FERNANDA B MCCOSH DMD

Patient's name _____	Date of birth _____		
*If minor, parents names _____			
Home # () _____	Cell Phone # () _____	Work #() _____	
Address: _____	City _____	State _____	Zip _____
Email Address: _____	Employer/Occupation _____		
Will you allow us to TEXT information about your upcoming appointment ? () NO () YES			
EMERGENCY CONTACT: _____		PHONE #: _____	
NAME OF YOUR PHYSICIAN: _____		PHONE #: _____	
**WHOM MAY WE THANK FOR REFERRING YOU TO OUR OFFICE? _____			
** <u>PHARMACY INFORMATION</u> **			
Pharmacy Name: _____		Pharmacy Phone Number: _____	
Pharmacy Address: _____			
DO WE HAVE YOUR CONSENT TO RETRIEVE YOUR MEDICATION HISTORY FROM THE PHARMACY? () NO () YES			

MEDICAL HEALTH HISTORY

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

(Please check any that apply)

- Cancer or tumor
- Heart ailment or angina
- Heart problems
- Artificial joint or valve
- High or low blood pressure (please circle)
- Pacemaker
- Tuberculosis or lung problems
- Kidney disease
- Hepatitis or liver disease
- Alcoholism
- Diabetes
- Neurologic condition
- Epilepsy or seizures
- Emotional condition
- Arthritis
- Herpes or cold sores
- AIDS or HIV positive
- Migraine headaches or frequent headaches
- Blood disorders
- Abnormal bleeding
- Asthma
- OTHER:** _____

Do you smoke or use chewing tobacco? yes no

Are you allergic to, or have you reacted adversely to any of the following?

- Latex materials
- Penicillin or other antibiotics
- Local anesthetics
- Codeine or other narcotics
- Sulfa drugs
- Iodine
- Aspirin
- Ibuprofen
- OTHER:** _____

Are you taking any of the following?

- Aspirin
- Anticoagulants (blood thinners)
- Antibiotics or sulfa drugs
- High blood pressure medicine
- Antidepressants or tranquilizers
- Insulin, Orinase, or other diabetes drug
- Nitroglycerin
- Cortisone or other steroids
- Osteoporosis (bone density) medicine
- OTHER:** _____

Women:

- May be pregnant
- Expected delivery date: _____
- Taking hormones or contraceptives

Signature of patient (or parent) _____ **Date** _____