

# AIRPORT DENTAL CARE PC

3851 AIRPORT BLVD, STE 105, AUSTIN, TX 78722

PATIENT INFORMATION			
DATE	EMAIL		
NAME			
ADDRESS			
CITY	STATE	ZIP	
HOME PHONE	WORK	CELL	
BIRTHDATE	AGE	MALE	FEMALE
MARRIED	SINGLE	DIVORCED	WIDOWED
SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.	
PERSON RESPONSIBLE FOR ACCOUNT		PHONE NO.	
ADDRESS (IF DIFFERENT FROM ABOVE)			
EMERGENCY CONTACT		PHONE NO.	
ADDRESS			
CITY	STATE	ZIP	

INSURANCE INFORMATION			
SUBSCRIBER NAME (IF DIFFERENT FROM PATIENT)			
EMPLOYER			
BUSINESS ADDRESS			
INSURANCE CARRIER			
GROUP NO.	SUBSCRIBER'S SS#		
DOB	DUEL COVERAGE?	Y	N
SPOUSE DATA			
NAME			
EMPLOYER			
WORK PHONE	BUSINESS ADDRESS		
INSURANCE CARRIER			
GROUP NO.	SPOUSE'S SS#		
SPOUSE BIRTHDATE			

MEDICAL HISTORY
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CIRCLE YES OR NO					
HEART TROUBLE	YES	NO	NERVOUS DISORDERS	YES	NO
HIGH BLOOD PRESSURE	YES	NO	LIVER TROUBLE	YES	NO
BLOOD TRANSFUSIONS	YES	NO	ANEMIA	YES	NO
RHEUMATIC FEVER	YES	NO	ULCERS/COLITIS	YES	NO
HEART MURMUR	YES	NO	STROKE	YES	NO
EPILEPTIC SEIZURES	YES	NO	TUBERCULOSIS	YES	NO
HEPATITIS A	YES	NO	PROSTHETIC JOINTS	YES	NO
HEPATITIS B OR C	YES	NO	KIDNEY DISEASE	YES	NO
JAUNDICE	YES	NO	ASTHMA	YES	NO
DIABETES	YES	NO	CHEST PAIN	YES	NO
CANCER	YES	NO	SHORTNESS OF BREATH	YES	NO
RADIATION TREATMENT	YES	NO	THYROID TROUBLE	YES	NO
EXCESSIVE BLEEDING	YES	NO	GLAUCOMA	YES	NO
ARTHRITIS	YES	NO	ALCOHOLISM	YES	NO
SINUS PROBLEM	YES	NO	VENEREAL DISEASE	YES	NO
HIV POSITIVE	YES	NO	CHEMICAL DEPENDENCY	YES	NO
AIDS	YES	NO	PSYCHIATRIC TREATMENT	YES	NO

FOR WOMEN ONLY:		
BIRTH CONTROL	YES	NO
PREGNANT	YES	NO
HORMONE MEDICATION	YES	NO
ALLERGIC TO:		
PENICILLIN	YES	NO
BARBITURATE	YES	NO
ASPIRIN	YES	NO
CODEINE	YES	NO
TETRACYCLINE	YES	NO
DARVON	YES	NO
SULFA	YES	NO
NOVACAINE	YES	NO
LIDOCAINE	YES	NO
OTHER:		

<b>LIST ALL MEDICATIONS:</b>		
ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN?	NAME	PHONE NO.