

Welcome to East Pershing Dental, we are so happy to have you!

We need a little bit of paperwork to transfer your records to our new system.

Personal Information:

Name: _____ Phone# _____

Social Security # _____ Birthday _____

Home Address _____

City _____ State _____ Zip _____

Insurance: _____ Policy # _____

Policy Holder _____

Health Information

Have you been hospitalized in the last 2 years? _____

If yes, for what? _____

Have you received counseling for excessive alcohol and/or prescription drugs? _____

Do you bleed excessively? _____

Have you been involved in any Medical/Dental legal activity? _____

Please list allergies _____

PLEASE LIST ALL PRESCRIBED MEDICATIONS FROM YOUR DOCTOR

Emergency Contact _____ Phone # _____

Please circle if any of the following apply to you.

- | | | | | |
|------------------|---------------------|----------------------|----------------|--------------|
| PRE-MED | Epilepsy | Mental Disorders | Stroke | Tumors |
| Anemia | Heart Disease | Pacemaker | Diabetes | HIV |
| Artificial Joint | Head Injuries | Pregnant | Glaucoma | Tuberculosis |
| Asthma | Hepatitis A,B,C | Radiation Treatment | Sinus Problems | |
| Cancer | High Blood Pressure | Respiratory Problems | Liver Disease | |

Patient
Signature _____ Date _____