

Name:	Male/Female (tick)	DOB/Age	Address
Email:	Occupation:		Tele. No:
In an Emergency Contact & Tele No.:	Referred By:		How did you hear about us?
Reason for today's visit:	Smoke?Y/N (tick) How much? How many years.	Alcohol? Y/N (tick) how much? how many years	
Are you allergic to any medicines? Y/ N (tick) Which?	Do you have any other allergies? Y/ N (tick) Which?	Have you had dental anesthesia? Y/ N (tick) Any bad reactions?	
If your Mother /Father is deceased, please state the cause/s of death.			
Any long term medicines you Are taking?			

Do you suffer or have had suffered from any of the following?

Hepatitis B, C(circle as applies) yes/no (tick) for _____ weeks/months/years
Diabetes I II yes/no (tick) for _____ weeks/months/years/c/uc d/po/ins
High blood pressure yes/no(tick) for _____ weeks/months/years/c/uc
Asthma yes/no(tick)for _____ weeks/months/years/c/uc
Allergy yes/no(tick)for _____ weeks/months/years/c/uc
Epilepsy / other nervous problems? yes/no(tick)for _____ weeks/months/years/c/uc
Heart/lungs problems? yes/no(tick) for _____ weeks/months/years c/uc
Kidney problems? yes/no(tick) for _____ weeks/months/years c/uc
Liver problems? yes/no (tick)for _____ weeks/months/years c/uc
Thyroid problems? Yes/no (tick)for _____ weeks/months/years/c/uc
Other medical problem?Yes/no(tick) for _____ weeks/months/years/c/uc
Psychiatric Problems?Yes/no(tick) for _____ weeks/months/years c/uc
 Does **bleeding** from a minor skin cut take unusually longer to stop?Yes/no ___ weeks/months/years c/uc
 Do you take any **blood thinning medicines** like Aspirin/Disprin? Yes/no ___ weeks/months/years/c/uc
 Do you take any **medicines on a long term** basis? Yes/no ___ weeks/months/years
 In case of females-**Are you pregnant?**Yes/no ___ weeks/months
 Have you had any **Ear, Nose, Throat or Neck**surgery (s) in the past?Yes/no
 Which? _____

_____ dated: _____
Signature(Of the patient if 18 years or older/ Of the guardian if patient is less than 18 years of age)

PLEASE PRINT AND FILL THIS FORM AND BRING IT ALONG WITH YOU TO SEE YOUR DOCTOR.
Thank you.

