Tuan M. Nhu, DDS

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GERMANTOWN DENTAL VILLAGE

PATIENT INFORMATION

Welcome to Germantown Dental Village! To assist us in serving you, please complete the following confidential forms. The information provided is important for your dental health care.

Patient's name_____ Preferred name_____ Birthdate_____

If minor, Guardian name_____ Cell Phone_____ Home Phone _____

Email: _____

Mailing address_____ City_____ State_____ Zip_____

Employer:_____ Occupation_____

Spouse's name_____ Spouse's employer _____ ❑ Unmarried

Whom may we thank for referring you to our office? _____

Please tell us about your any hobbies you may have? _____

BILLING, CREDIT, AND INSURANCE INFORMATION: ❑ I currently do not have dental benefits provider (dental insurance)

Your Social Security number:_____ Dental Insurance Co. _____

Spouse's dental insurance? ❑ yes ❑ no Dental Insurance ID _____ Group # _____

Spouse's dental insurance company_____ Group ID and Number _____

Spouse's birthday_____ Spouse's Social Security number _____

MEDICAL HEALTH HISTORY

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

- ❑ Cancer or tumor
- ❑ Heart attack
- ❑ Heart murmur, mitral valve prolapse, heart defect
- ❑ Rheumatic fever or rheumatic heart disease
- ❑ Artificial joint or valve
- ❑ High or low blood pressure
- ❑ Pacemaker
- ❑ Tuberculosis or other lung problems
- ❑ Kidney disease
- ❑ Hepatitis or other liver disease
- ❑ Alcoholism or Drug Abuse
- ❑ Blood transfusion
- ❑ Diabetes
- ❑ Neurologic condition
- ❑ Epilepsy, seizures, or fainting spells
- ❑ Emotional condition
- ❑ Arthritis
- ❑ Herpes or cold sores
- ❑ AIDS or HIV positive
- ❑ Migraine headaches or frequent headaches
- ❑ Anemia or blood disorders
- ❑ Abnormal bleeding after extractions, surgery, or trauma
- ❑ Hayfever or sinus trouble
- ❑ Allergies or hives
- ❑ Asthma

Do you have any disease, condition, or problem not listed above?

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
- ❑ Barbiturates, sedatives, or sleeping pills
- ❑ Aspirin
- ❑ *Other*:_____

Do you need to be PREMEDICATED for treatment? _____

Are you taking any of the following? ***Please list medications***

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

_____

❑ Do you smoke or use chewing tobacco? ❑ yes ❑ no

Women:

- ❑ Pregnant? ❑ yes ❑ no
  Expected delivery date: _____
- ❑ Taking hormones or contraceptives

Name of your physician:_____ Phone: _____

Signature of patient (or Guardian) _____ Date: _____

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GERMANTOWN
DENTAL VILLAGE

Questions about your Dental Health:

1. Are you having any discomfort at this time? _____
2. When was you last dental visit?_____
3. How often do you brush your teeth?_____
4. How often do you floss?_____
5. Do you grind or clench your teeth?_____
6. Are you aware of any tenderness in your head, neck, and mouth area?_____
7. Are you aware of any possible breathing or sleep apnea issues? _____
8. Do you experience frequent headaches?_____
9. Are there specific dental health issues that you would like to discuss today?_____

_____