1550 S. Highland Avenue, Ste A
Clearwater, FL 33756
727-443-3231

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NEW PATIENT INFORMATION

Last Name _____ First Name _____

Address_____ City, State, Zip_____

Other Address_____

Primary Phone # _____ Secondary Phone # _____

E-Mail Address _____ Preference? Text ☐ Call ☐ Email ☐

SS# _____ Birthdate _____ Employer _____

General Dentist _____ Referred by(if different) _____

Medical Physician _____ Phone _____

Dental Insurance _____ Member ID _____

Pharmacy Name _____ Pharmacy Phone # _____

Emergency Contact_____ Relationship _____ Phone _____

MEDICAL HISTORY

	Yes	No
Are you under active care of a physician or specialist (cardiologist, hematologist, etc)?_____	☐	☐
Have you ever been hospitalized or had major surgery?_____	☐	☐
Are you pregnant? Nursing?_____	☐	☐
Do you pre-medicate with antibiotics prior to dental treatment due to an artificial joint replacement or heart issue?	☐	☐
Have you experienced an unfavorable reaction to previous dental treatment?_____	☐	☐

Please list all medications you are currently taking:_____
(while on birth control medication you must use additional methods when taking antibiotics and for 72 hours afterward)

Check the following you have had / currently have: **Med Hx Updated By: (office use only)- Initial _____ Date_____**

☐ MITRAL VALVE PROLAPSE	☐ HEPATITIS OR JAUNDICE	☐ DIABETES	☐ HEART MURMER
☐ LIVER PROBLEMS	☐ ASTHMA/BREATHING ISSUES	☐ ENDOCARDITIS	☐ ULCERS
☐ HEART VALVE REPLACEMENT	☐ HEART PROBLEMS	☐ LUNG DISORDER	☐ KIDNEY DISEASE
☐ RHEUMATIC FEVER	☐ VENEREAL DISEASE	☐ THYROID DISORDER	☐ TUBERCULOSIS
☐ HIV/AIDS	☐ CANCER	☐ PACEMAKER	☐ HERPES
☐ GLAUCOMA	☐ STROKE	☐ EPILEPSY	☐ NERVOUS DISORDER
☐ HIGH BLOOD PRESSURE	☐ BLOOD DISORDER	☐ DIZZINESS/FAINTING	☐ ARTIFICIAL JOINT
☐ BLOOD TRANSFUSION	☐ RADIATION THERAPY	☐ CHEMOTHERAPY	☐ DRUG ADDICTION

☐OTHER:_____

ALLERGIES: ☐Antibiotics_____ ☐ Pain Meds _____ ☐ Dental Anesthetics ☐ Latex

☐ Other Medication Allergies _____

Signature: _____ Date: ___/____/_____
Patient, Parent or Guardian

Do NOT fill out unless instructed: **NP Form Updated on ___/____/_____ Pt Initials _____**

NP Form Updated on ___/____/_____ Pt Initials _____