REDFEARN Family Dental

We are happy to have you join our great family of patients and friends. The benefits of a healthy, beautiful smile are immeasurable, and our goal is to allow you to obtain the healthy teeth and attractive smile you want and deserve. Please complete this form so that we can provide the best care possible for you.
Thank you!

Today's date: _____

ABOUT YOU

Name: _____ o Female o Male

Preferred To Be Called: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Ext: _____ Preferred: _____

Birth date: ____/____/____ Social security number: _____

E-mail address: _____

Employer: _____

Present position: _____

Marital status: o Single o Married o Widowed o Divorced

Name of spouse: _____

Spouse's birth date: ____/____/____ Spouse's SS#: _____

Spouse's employer: _____

Whom may we thank for referring you? _____

Names of children: _____

How do you enjoy spending your free time? _____

EMERGENCY INFORMATION

Person to contact: _____ Relationship: _____

Phone: _____

Address: _____

INSURANCE INFORMATION

Insurance Co.: _____ Ins Ph #: _____

Subscriber Name: _____ Relationship: _____

Subscriber ID: _____ Subscriber birth date: _____

4185 E. Wildcat Reserve Pkwy. Ste 300, Highlands Ranch, CO 80126 Phone 303-683-2300 Fax 303-346-8014

DENTAL & MEDICAL HISTORY

Previous dentist's name: _____ When was your last dental visit? _____
Do you have any dental anxieties? o Yes o No If yes, please explain:
_____
If you could wave a magic wand, and change anything about the appearance of your smile, what would it be?
_____
Name of personal physician: _____
Address: _____Phone number: _____
Approximate date of last visit: _____Current health condition: o Excellent o Good o Fair o Poor
Have you had any serious health problems in the last five years? o Yes o No
If yes, please explain: _____
(For women) Are your currently pregnant? o Yes o No If yes, how many months?_____
Do you take St. John's Wart? o Yes o No Do you take any vitamin/herbal supplement? o Yes o No
If yes, which: _____
Are you taking any prescription medications? o Yes o No
Please list: (Name of medication) _____
Chew tobacco or smoke? o Yes o No Consume alcohol daily? o Yes o No
Do you regularly drink grapefruit juice? o Yes o No

Please check if you're allergic to OR have had any adverse reactions to any of the following:

o Local anesthetics	o Sulfa drugs	o Codeine/other narcotics
o Penicillin/Amoxicillin	o Aspirin	o Latex sensitivity
o Other antibiotics_____	o Barbiturates, sedatives, sleeping pills	
o Shellfish, iodine or red wine	o Other_____	

Do you have, or have you had, any of the following? Please Circle

o AIDS/HIV Positive	o Diabetes	o Hepatitis A	o Renal Dialysis
o Alzheimer's Disease	o Drug Addiction	o Hepatitis B or C	o Rheumatic Fever
o Anaphylaxis	o Easily Winded	o Herpes	o Rheumatism
o Arthritis/Gout	o Emphysema	o High Blood Pressure	o Scarlet Fever
o Artificial Heart Valve	o Epilepsy or Seizures	o Hives or Rash	o Shingles
o Artificial Joint	o Excessive Bleeding	o Hypoglycemia	o Sickle Cell Disease
o Asthma	o Excessive Thirst	o Irregular Heartbeat	o Sinus Trouble
o Blood Disease	o Fainting Spells/Dizziness	o Kidney Problems	o Spina Bifida
o Blood Transfusion	o Frequent Cough	o Leukemia	o Stomach/Intestinal Disease
o Breathing Problem	o Frequent Diarrhea	o Liver Disease	o Stroke
o Bruise Easily	o Frequent Headaches	o Low Blood Pressure	o Swelling of Limbs
o Cancer	o Genital Herpes	o Lung Disease	o Thyroid Disease
o Chemotherapy	o Glaucoma	o Mitral Valve Prolapse	o Tonsillitis
o Chest Pains	o Hay Fever	o Pain in Jaw Joints	o Tuberculosis
o Cold Sores/Fever Blisters	o Heart Attack/Failure	o Parathyroid Disease	o Tumors or Growths
o Congenital Heart Disorder	o Heart Pace Maker	o Psychiatric Care	o Ulcers
o Convulsions	o Heart Trouble/Disease	o Radiation Treatments	o Venereal Disease
o Cortisone Medicine	o Hemophilia	o Recent Weight Loss	o Yellow Jaundice

Have you ever had any serious illness not listed above? If yes, please explain: _____

The information I have given is true and accurate to the best of my knowledge

Signature _____ ***Date*** _____

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