Dr. Apara Sharma – Andover Family Dental

16 Haverhill Street, 1st Floor, Andover, MA, 01810 (978)470-2233 AndoverFamilyDental.com

Medical History-Confidential Patient Information

(Please Print Legibly)

Date: _____

PERSONAL INFORMATION

Name: _____
SS #: _____
Address:_____
City: _____ State: _____ Zip: _____
Telephone: (Home) _____(Work)_____
(Cell) _____
E-mail: _____
Birth date: _____
Sex: _____
Marital Status: _____
Spouse Name: _____
Occupation: _____
Referred by: _____

PERSON RESPONSIBLE FOR ACCOUNT

Name: _____
Relationship: _____
SS #: _____
Address:_____
City: _____ State: _____ Zip: _____
Telephone: (Home) _____ (Work)_____

DENTAL INSURANCE INFORMATION

Primary Insurance Co:_____
Insurance Co. Address: _____
Employee: _____
Relationship: _____
S.S. #: _____
Employer: _____
Policy #: _____
Secondary Insurance Co: _____
Insurance Co. Address: _____
Employee: _____
Relationship: _____
S.S. #: _____
Employer: _____

Dr. Apara Sharma – Andover Family Dental

16 Haverhill Street, 1st Floor, Andover, MA, 01810 (978)470-2233 AndoverFamilyDental.com

Policy #: _____

HEALTH INFORMATION

Personal Physician Name: _____
Personal Physician Address: _____

YES NO

_ _ 1. Have you been hospitalized within the past 2 years? For what? _____
_ _ 2. Are you currently being treated by a physician? For what? _____
_ _ 3. Are you currently taking any medicines or drugs? What? _____
_____
_ _ 4. Have you ever received counseling for excessive use of alcohol and/or prescription drugs?
_ _ 5. Are you allergic to any drugs? What? _____
_ _ 6. Have you ever had a skin rash or other reaction to metal jewelry? To What? _____
_ _ 7. Are you allergic to any metals? What? _____
_ _ 8. Do you bleed excessively upon injury?
_ _ 9. Are you pregnant?
_ _ 10.Have you ever taken biophosphates?
_ _ 11. Have you ever been involved with dental/medical legal activity?

CIRCLE ANY OF THE FOLLOWING CONDITIONS THAT YOU HAVE HAD OR NOW HAVE

A. AIDS
B. Arthritis
C. Asthma
D. Cancer
E. Diabetes
F. Epilepsy
G. Glaucoma
H. Heart Murmur
I. Heart Problem*
J. Hepatitis
K. High Blood Pressure
L. Jaundice
M. Kidney Problems
N. Low Blood Pressure
O. Nervous Breakdown or Psychiatric Therapy
P: Pacemaker
Q. Rheumatic Fever
R. Sexually Transmitted Diseases
S. Stroke
T. Tuberculosis
U. Other Diseases*

*If you circled either I or U describe condition: _____

Dr. Apara Sharma – Andover Family Dental

16 Haverhill Street, 1st Floor, Andover, MA, 01810 (978)470-2233 AndoverFamilyDental.com

PERSON TO BE CONTACTED IN CASE OF EMERGENCY (OTHER THAN RELATIVE)

Name: _____
Address:_____
Telephone: (Home) _____
(Work) _____

SIGNATURE: _____

REVIEW BY:_____

DATE:_____