Yardley Dental Arts

PRECISION DENTISTRY. COMPASSIONATE CARE

501 Floral Vale Blvd.
Yardley, PA 19067

215-504-2400
www.YardleyDentalArts.com

Patient Information

Name _____

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Address _____

City _____ State _____ Zip _____

Home phone _____

Email Address _____

Cell Phone _____

Date of Birth _____

Social Security # _____

Employed by _____

City, State _____

Business Phone _____

Present Position _____

How long held? _____

Name of Spouse _____

Social Security Number _____

Employed by _____

City _____ State _____

Business Phone _____

Present Position _____

Who can we thank for referring you to our office?

_____

Who will be responsible for this account?

_____

Medical History

Physician's Name _____

Address _____

Phone _____

Date of Last Physical Exam _____

List any medications you are currently taking, including birth control pills _____

_____

_____

Do you have or have you had any of the following? Please indicate with a check mark.

☐ Heart Trouble
- ☐ Heart Murmur
- ☐ Pacemaker
- ☐ Valve Replacement
- ☐ Mitral Valve Prolapse
- ☐ Heart Attack
- ☐ Bypass Surgery
- ☐ Other

☐ Low/High Blood Pressure
☐ Circulatory Problems
☐ Emotional Problems
☐ Radiation Treatments
☐ Excessive Bleeding
☐ AIDS/HIV

☐ Any Allergies to
- ☐ Antibiotics ☐ Anesthetics
- ☐ Environmental ☐ Pain Medications
- ☐ Other _____

☐ Anemia ☐ Arthritis
☐ Asthma ☐ Diabetes
☐ Hepatitis ☐ Herpes
☐ Joint Replacement ☐ Malignancies
☐ Psychiatric Care ☐ Rheumatic Fever
☐ Scarlet Fever ☐ Sinus Problems
☐ Stroke ☐ Tonsillitis
☐ Tuberculosis ☐ Ulcer
☐ Sexually Transmitted Disease

Do you use tobacco? ☐ Yes ☐ No

☐ Cigarette ☐ Cigar ☐ Pipe ☐ Smokeless Tobacco

Are you pregnant? ☐ Yes ☐ No What Week _____

Obstetrician _____

Phone _____

How would you like us to contact you? ☐ Home Phone ☐ Cell Phone ☐ Text ☐ Email

_____

Patient Signature / Date