

DRENNAN FAMILY DENTISTRY

2925 Oak Park Circle, Suite 100 • Fort Worth, TX 76109 • 817-732-5522

PATIENT INFORMATION: *Please fill out all below information*

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ Work #: _____ Cell #: _____
Birth date: _____ Male or Female Single Married Divorced
Social Security#: _____ Driver's License #: _____
Spouses Name: _____ Birthdate: _____
Email: _____
Whom may we thank for referring you to our office? _____

DENTAL INSURANCE INFORMATION: *Please update this information, if there are any changes*

Insured Name _____ Employer: _____
Insurance Company _____ Relationship to Insured: _____
Phone #: _____ Group/Policy #: _____
Address: _____ City, State, Zip: _____

HEALTH INFORMATION: *Please update this information, if there are any changes*

Circle if you have ever had any of the following:

Alcohol/Drug Abuse	Congenital Heart Defect	HIV/AIDS	Seizures
Alzheimers/Dementia	Diabetes	HPV	Shingles
Anemia	Difficulty Breathing	Joint Replacement	Sinus Problems
Anxiety/Depression	Emphysema	Kidney Problems	Stroke
Arthritis	Epilepsy	Liver Problems	Thyroid Disease
Asthma	Headaches/Migraines	Low Blood Pressure	TMJ/Clenching/Grinding
Autoimmune Disease	Heart Attack	Mitral Valve Prolapse	Tobacco Use
Bad Breath	Heart Surgery	Pacemaker	Ulcers
Bleeding Problems	Hepatitis	Pregnancy _____	
Blood Transfusion	Herpes/Fever Blisters	Radiation Therapy	
Cancer/Chemotherapy	High Blood Pressure	Rheumatic Fever	

Please list any other serious medical conditions that you had which are not listed above: _____

Are you allergic to any of the following: *(please circle all that apply)*

Aspirin	Jewelry	Tetracycline
Codeine	Latex Rubber	Sulfa Drugs
Dental Anesthetics	Metals	
Erythromycin	Penicillin	

Please list any other drugs/medication that you are allergic to: _____

Do you need antibiotic premedication before dental appointment: YES NO

Please list any medications you are taking:

Last Dental Visit: _____ Chief Complaint/Pain: _____

Physician _____ Phone # _____

Signature: _____ Date: _____