Carino Family Dentistry

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In order to serve you properly, we need the following information. All information is strictly confidential (**Please print clearly**)

Today's Date: ____/___/____ Last M.I. Preferred Name: Patient's Name: _ G Gender _____ Birth Date: ____/___ Soc. Sec. ____- ___ Marital Status_____ \mathbf{E} N _____ City: _____ State: ____ Zip_____ Address: \mathbf{E} Street R Home Phone: (_____) ______ Work: Number: (_____) _____ Cell Number (_____) ____ A L Email address: _____ Pharmacy Name/Location: ____ Chief Complaint/Reason for Visit: _____ Date of last dental visit? DO YOU HAVE OR USE ANY OF THE FOLLOWING? - (Please check all that apply) □ AIDS/ HIV Dizziness ☐ Kidney Disease ☐ Stomach Problems ☐ Allergies ☐ Liver Disease ☐ Epilepsy ☐ Stroke ☐ Excessive Bleeding ☐ Mental Disorders ☐ Tuberculosis ☐ Codeine Allergy ☐ Fainting ☐ Nervous Disorders ☐ Tumors H ☐ Latex Allergy ☐ Glaucoma ☐ Pacemaker □ Ulcers ☐ Penicillin Allergy \mathbf{E} ☐ Growths □Pregnant/Nursing: Due Date A ☐ Anemia ☐ Hay Fever ☐ Radiation Treatment ☐ Arthritis ☐ Head Injuries ☐ Respiratory Problems L ☐ Artificial Joints ☐ Heart Disease ☐ Rheumatic Fever T ☐ Asthma ☐ Heart Murmur ☐ Rheumatism H ☐ Blood Disease ☐ Hepatitis ☐ Sinus Problems ☐ High Blood Pressure ☐ Cancer H ☐ Diabetes ☐ Jaundice I \mathbf{S} Please list all medications that you are currently taking: T O YES R ☐ Do you take premedication prior to dental appointments? Y П ☐ Have you ever had any complications following dental treatment? ☐ Have you been admitted to a hospital or needed emergency care in the past two years? Please Explain П ☐ Are you under the care of a physician now? Please Explain _____ ☐ Name of Physician Phone Number ☐ Do you have any further health concerns that need further clarification? Please Explain To the best of my knowledge, all of the preceding answers and information provided are true and correct. If I ever have any change in my health, I will inform the doctors at the next appointment without fail. Date Signature of patient, parent or guardian