Twin Mountain Dentistry, PA
Ricardo Ochinang, DMD
5769 Sherwood Way Suite 140
San Angelo TX 76901
(325)944-4111
www.twinmountaindentistry.com

Patient Name: _____ (Last) _____ (First) ____ (MI) _____ (Preferred Name)

Are you in good health?

◯ Yes ◯ No

Has there been any change in your general health in the past year?

◯ Yes ◯ No

Date of last exam

_____

Are you now under the care of a physician for a particular problem?

◯ Yes ◯ No

Have you ever had any serious illnesses, operations, hospitalizations?

◯ Yes ◯ No

If so, please describe.

_____

The name and address of my physician is:

_____

Twin Mountain Dentistry, PA
Ricardo Ochinang, DMD
5769 Sherwood Way Suite 140
San Angelo TX 76901
(325)944-4111
www.twinmountaindentistry.com

Please list any and all medications that you are currently taking, including prescription medications, diet drugs, over-the-counter medications, vitamins or minerals, herbal or holistic remedies, or illegal narcotics.

Are you taking or have you ever taken Bisphosphonates for osteoporosis, multiple myeloma or other cancers (Fosamax, Actonel, Boniva, Aredia, Zometa)?

Have you ever been advised not to take a medication?

◯ Yes ◯ No

PLEASE CHECK ALL THAT APPLY

☐ *Pre-Med - Amox	☐ *Pre-Med - Clind	☐ *Pre-Med - Other	☐ Acid Reflux
☐ Allergies	☐ Allergy - Aspirin	☐ Allergy - Codeine	☐ Allergy - Erythro
☐ Allergy - Hay Fever	☐ Allergy - Latex	☐ Allergy - Other	☐ Allergy - Penicillin
☐ Allergy - Sulfa	☐ Anemia	☐ Anticoagulants	☐ Arthritis
☐ Artificial Joints	☐ Asthma	☐ Blood Disease	☐ Cancer
☐ COPD	☐ Diabetes	☐ Dizziness	☐ Epilepsy
☐ Excessive Bleeding	☐ Fainting	☐ Glaucoma	☐ Head Injuries
☐ Heart Disease	☐ Heart Murmur	☐ Heart Valve	☐ Hepatitis
☐ High Blood Pressure	☐ HIV	☐ Jaundice	☐ Kidney Disease
☐ Liver Disease	☐ Mental Disorders	☐ Nervous Disorders	☐ Osteoporosis
☐ Other	☐ Pacemaker	☐ Pregnancy	☐ Radiation Treatment
☐ Recurring Mouth Sore	☐ Respiratory Problems	☐ Rheumatic Fever	☐ Rheumatism
☐ Sinus Problems	☐ Stomach Problems	☐ Stroke	☐ Thyroid Disease
☐ Tuberculosis	☐ Tumors	☐ Ulcers	☐ Venereal Disease

Twin Mountain Dentistry, PA
Ricardo Ochinang, DMD
5769 Sherwood Way Suite 140
San Angelo TX 76901
(325)944-4111
www.twinmountaindentistry.com

If yes to any of the above, please explain.

Please list any other allergies not listed above.

Do you smoke or chew Tobacco?

◯ Yes ◯ No

How much per day?

Is there any past history of Alcohol or Chemical Dependency or Emotional Disorder that may affect the care we provide you?

◯ Yes ◯ No

Have you had any serious problems associated with any previous dental treatment?

◯ Yes ◯ No

Have you ever experienced any clicking or popping of the jaw joint, pain near ear, difficulty opening mouth, grind or clench teeth?

◯ Yes ◯ No

Do you have any other disease, condition or problem not listed above that you think the doctor should know about?

◯ Yes ◯ No