Justin L. Morrison, DDS

GENERAL FAMILY DENTISTRY

Today's Date: _____

Mr/Miss/Mrs/Dr Patient's name _____ Preferred name _____

Birth date_____ Gender: ❑Male ❑Female Social Security number:_____

Marital Status: ❑ Minor ❑Single ❑Married ❑Divorced ❑ Widowed ❑ Seperated

If minor, parents/guardian names:_____

Home phone _____ Work phone_____ Cell phone_____

Email:_____

Mailing address _____ City _____State _____ Zip _____

Employer _____ Occupation _____

Employer Address: _____

Whom may we thank for referring you to our office?

_____

Family Physician: _____ Address: _____

Dental Insurance Carrier: _____ Group Number: _____

Do Any of the Following Chief Complaints Apply to You:

- ❑ Currently in Pain
- ❑ Diet limited to semisolid or soft foods
- ❑ Diet limited to liquid foods
- ❑ Difficulty chewing and speaking
- ❑ Digestive problems
- ❑ Do you feel that your oral condition is affecting your general health in any way?
  _____
- ❑ Facial pain
- ❑ Gags easily
- ❑ Head pain/Headaches
- ❑ Jaw clicks/pops
- ❑ Limited opening of jaw
- ❑ Loss of teeth
- ❑ Lower jaw locks open
- ❑ Mouth sores
- ❑ Numbness in lower lip
- ❑ Numbness in jawbone
- ❑ Nutritional disorders
- ❑ Pain in jawbone
- ❑ Pain in jaw joint
- ❑ Pain when swallowing
- ❑ Teeth do not meet properly
- ❑ Tingling in jawbone
- ❑ Other_____
- ❑ None

List Any Medications/Substances Which Have Caused an Allergic Reaction:

- ❑ Antibiotics
- ❑ Aspirin
- ❑ Barbituates
- ❑ Codeine
- ❑ Hydrocodone
- ❑ Lidocaine
- ❑ Latex
- ❑ Metals
- ❑ Plastic
- ❑ Sedative
- ❑ Sleeping Pill
- ❑ Local Anesthetics
- ❑ Other: _____
- ❑ Please note specific drug/medication that caused allergy:
  _____
  _____
- ❑ Not Applicable

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List Any Medications You Are Currently Taking:

- ❑ Antibiotics
- ❑ Insulin
- ❑ Anticoagulants
- ❑ Muscle Relaxants
- ❑ Barbituates
- ❑ Blood Thinners
- ❑ Pain Medication
- ❑ Codeine
- ❑ Sleeping Pills
- ❑ Cortisone
- ❑ Sulfa Drugs
- ❑ Ginko Biloba
- ❑ Diet Pills
- ❑ Heart Medication
- ❑ Tranquilizers
- ❑ Medications for Osteoporosis
- ❑ Bisphosphonates (Fen Phen, Fosamax, Boniva, etc)
- ❑ Herbal Supplements
- ❑ Other: _____
- ❑ None

Medications and Dosages:

_____
_____
_____

Have you ever been told you need a Pre-Medication prior to your dental appointment? Yes or No

Please list other healthcare practitioners seen within the last year:

Practitioner Specialty Treatment and Approx Date

_____
_____
_____
_____

Any surgeries in the last 2 years: Yes or No. If yes, please list below:

_____
_____
_____

Do you take aspirin regularly: Yes or No

Do you smoke or chew tobacco: Yes or No. If yes, how much on a daily basis: _____

Medical History:

- ❑ Abnormal bleeding after surgery/injury
- ❑ AIDS
- ❑ Anemia
- ❑ Allergic Rhinitis
- ❑ Arteriosclerosis
- ❑ Arthritis
- ❑ Artificial Joints
- ❑ Asthma
- ❑ Autoimmune disorders
- ❑ Bleeds easily
- ❑ Bloating
- ❑ Bruising easily
- ❑ Cancer
- ❑ Chemotherapy
- ❑ Chronic Bronchitis
- ❑ Chronic Fatigue
- ❑ Chronic Drymouth
- ❑ Cold Hands and Feet
- ❑ Colitis
- ❑ Current Pregnancy
- ❑ Depression
- ❑ Diabetes
- ❑ Dizziness
- ❑ Emphysema
- ❑ Epilepsy
- ❑ Excessive Thirst
- ❑ Extra Pillows to help breathing at night
- ❑ Fainting Spells
- ❑ Fluid Retention
- ❑ Frequent Cough
- ❑ Frequent Illnesses
- ❑ Frequent Stressful Situations
- ❑ Glaucoma
- ❑ Gout
- ❑ Hay Fever
- ❑ Headaches
- ❑ Hearing Impairment
- ❑ Heart Disorders

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- ❑ Heart Murmur
- ❑ Heart Pacemaker
- ❑ Heart Valve Replacement
- ❑ Hemophilia
- ❑ Hepatitis
- ❑ High Blood Pressure
- ❑ HIV
- ❑ Hypoglycemia
- ❑ Immune System disorder
- ❑ Injury to: Face, Neck, Mouth, Teeth
- ❑ Insomnia
- ❑ Intestinal disorders
- ❑ Jaw Joint Surgery
- ❑ Kidney Problems
- ❑ Liver disease
- ❑ Other Medical/Dental History:_____
  _____
- ❑ Low Blood Pressure
- ❑ Multiple sclerosis
- ❑ Muscle aches
- ❑ Muscle shaking (tremors)
- ❑ Muscle spasms or cramps
- ❑ Muscle dystrophy
- ❑ Nervousness
- ❑ Neuralgia
- ❑ Osteoarthritis
- ❑ Osteoporosis
- ❑ Parkinson's disease
- ❑ Poor circulation
- ❑ Prior orthodontic treatment
- ❑ Psychiatric treatment
- ❑ Rheumatoid arthritis
- ❑ Rheumatic fever
- ❑ Scarlet fever
- ❑ Seizures
- ❑ Shortness of breath
- ❑ Slow healing sores
- ❑ Sickle Cell Anemia
- ❑ Sinus problems
- ❑ Speech difficulties
- ❑ Stomach Problems
- ❑ Stomach ulcers
- ❑ Stroke
- ❑ Swelling of ankles
- ❑ Tendency for frequent colds
- ❑ Thyroid Problems
- ❑ Tuberculosis
- ❑ Tumors
- ❑ Urinary Disorders

❑ None of the above are applicable

Women: Are you currently pregnant or trying to get pregnant? Yes or No

Patient Signature X_____