



JAY B. WETTSTEIN
GENERAL & COSMETIC DENTISTRY

Patient Information

Patient Name: _____ Date: _____

Male Female Last First MI

Social Security #: _____ - _____ - _____ Birth Date: _____ / _____ / _____

Phone (Home): _____ (Work): _____ Cell: _____

Email address: _____

Address: _____

Street

Apartment #

City

State

Zip Code

Other Family Members Who are Currently Patients: _____

In Case of Emergency

Contact: _____ Phone: _____

Health Information

Date of Last Dental Visit: _____ Reason for this visit: _____

Have you ever had any of the following? Please check those that apply:

Hay Fever
 Allergies

Growths
 Pacemaker
 Head Injuries
 Heart Disease
 Heart Murmur
 Hepatitis
 High Blood Pressure
 Sinus Problems
 Kidney Disease
 Liver Disease
 Mental Disorders
 Osteoporosis Trmt
 Pregnancy
Due date: _____

Radiation Treatment
 Respiratory Problems
 Rheumatic Fever
 Stroke
 Tuberculosis
 AIDS/HIV
OTHER:

Are you now taking or have ever taken:

Bone density medications (Fosamax, Aredia, Zometa, Actonel)
 Diets Pills
 Blood Thinners (Coumadin, Plavix, or Aspirin)

Codeine Allergy
 Penicillin Allergy
 Artificial Joints
 Asthma
 Blood Disease
 Cancer
 Diabetes
 Dizziness
 Epilepsy
 Excessive Bleeding
 Glaucoma

Current Medications:

• Have you ever had any complications following dental treatment? Yes No

If yes, please explain: _____

• Have you been admitted to a hospital or needed emergency care during the past two years? Yes No

If yes, please explain: _____

• Are you now under the care of a physician? Yes No

If yes, please explain: _____

• Name of Physician: _____ Phone: _____

• Do you have any health problems that need further clarification? Yes No

If yes, 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.

Signature of patient, parent or guardian

Date

Referral Information

Whom may we thank for referring you to our practice? Another patient, friend Another patient, relative
 Dental Office Yellow Pages Newspaper School Work Other _____