



Patient Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone Numbers

Home _____ Work _____ Mobile _____

Occupation _____

Employer _____ Referred By _____

Spouse / Partner's Name _____ Date of Birth _____ Employer _____

Emergency Contact _____ Phone Number _____ Relationship _____

Who, if anyone, may we speak to regarding your endodontic care? _____

Health History

Have you been in the care of a medical doctor during the past two years? Yes [] No []

If yes, for what reason? _____ Physician _____

List all medications and dosages you are currently taking _____

Are you allergic to any drugs or medications? Yes [] No [] Please list _____

Are you allergic to Latex or household bleach? Yes [] No [] Check which one(s): Latex [] Bleach []

Have you had any problems with dental anesthetics, which are used to numb teeth? Yes [] No []

Please state problem _____

Women: Are you pregnant? Yes [] No [] How many months are you? _____

Are you taking birth control? Yes [] No []

Note: Antibiotics may render birth control pills ineffective. An alternative form of birth control is advised.

Recreational drugs/alcohol may interact with medications used during the dental procedure. Please inform Dr. Barr or Dr. Spencer if this is a consideration.