SOUTH BROADWAY DENTAL CARE PC

www.southbroadwaydentalcare.com southbroadwaydental@gmail.com
7261 S BROADWAY STE 102 • LITTLETON, CO 80122-8018 (303)798-2305

Information Update

Please review and update the following information:

Chart#: _____ FOR OFFICE USE ONLY

Patient Name: _____ Last _____ First ___ MI

_____ Preferred Name

Title: **Gender:** _____ Mr/Ms/Mrs/etc ◯ Male ◯ Female

Family Status: ◯ Married ◯ Single ◯ Child ◯ Other

Birth Date: _____

Prev. Visit: _____

Email Address: _____

Phone: _____ Home _____ Mobile _____ Work ____ Ext

Best time to call: _____

Address: _____ Address 1

_____ Address 2

_____ City _____ State _____-____ Zip Code

Primary Dental Insurance

Name of Insured: _____ Last

_____ First ___ MI

Patient's relationship to insured: ◯ Self ◯ Spouse ◯ Child ◯ Other

Insurance Plan Name:

_____

Subscriber ID# _____

Group # _____

Medical Update

Name and phone number/location of your physician:

Name and phone number/location of your preferred pharmacy:

Indicate which of the following conditions are active or current.
By checking the box it will indicate a "YES" response, leaving blank will indicate a "NO" response.

- ☐ *Pre-Med - Amox
- ☐ *Pre-Med - Clind
- ☐ *Pre-Med - Other
- ☐ Allergies
- ☐ Allergy - Aspirin
- ☐ Allergy - Codeine
- ☐ Allergy - Erythro
- ☐ Allergy - Hay Fever
- ☐ Allergy - Latex
- ☐ Allergy - Other
- ☐ Allergy - Penicillin
- ☐ Allergy - Sulfa
- ☐ Allergy -Clindomycin
- ☐ Allergy: Epinephrine
- ☐ Anemia
- ☐ Arthritis
- ☐ Artificial Joints
- ☐ Asthma
- ☐ Blood Disease
- ☐ Cancer
- ☐ Diabetes
- ☐ Dizziness
- ☐ Epilepsy
- ☐ Excessive Bleeding
- ☐ Fainting
- ☐ Glaucoma
- ☐ Head Injuries
- ☐ Heart Disease
- ☐ Heart Murmur
- ☐ Hepatitis
- ☐ High Blood Pressure
- ☐ HIV/AIDS
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Mental Disorders
- ☐ Nervous Disorders
- ☐ Other
- ☐ Pacemaker
- ☐ Radiation Treatment
- ☐ Respiratory Problems
- ☐ Rheumatic Fever
- ☐ Rheumatism
- ☐ Sinus Problems
- ☐ Stomach Problems
- ☐ Stroke
- ☐ Thyroid Condition
- ☐ Tuberculosis
- ☐ Tumors
- ☐ Ulcers
- ☐ Venereal Disease

- ☐ Recent Hospitalization
- ☐ FEMALE: Currently Pregnant/Possibly Pregnant
- ☐ Recreational Drugs
- ☐ FEMALE: Taking Birth Control Pills
- ☐ Tobacco/Alcohol Use
- ☐ FEMALE: Nursing

If any conditions or alerts selected above need further clarification, please describe:

Have you ever been instructed to take antibiotic premedication for your dental visits? If yes, please explain: * Pre Med: ◯ Yes ◯ No

Describe any current medical treatment, impending surgery, or other treatment that may possibly affect your dental treatment.

Are you currently taking or have you ever taken bone denisty medication ◯ Yes ◯ No

(Bisphosphonates) such as Boniva, Fosamax, Didronel, Zometa, Actonel, etc? If yes, please describe below
Bisphosphonate

Please list any medications you are currently taking, one medication per line:

Provider notes

☐ * **By checking this box, I acknowledge that I have reviewed ALL questions/alerts on this questionnaire and responded accordingly. There are no other medical conditions or medications/allergies that have not been listed. I am aware that I must notify the practice of any future changes. This will serve as my electronic signature.**

Response Date: _____