O'FALLON
DENTALWORKS
FAMILY DENTISTRY

2726 HWY K
O'FALLON, MISSOURI 63368
636-272-5015
OFALLONDENTALWORKS.COM

PATIENT INFORMATION UPDATE

Date _____ Name _____
Last Name First Name MI Preferred Name

Home Phone (___)_____ Cell Phone (___)_____ SSN# _____

Address _____ E-mail _____

City _____ State _____ Zip_____

Sex ❑ M ❑ F Age_____ Birthdate_____ ❑ Married ❑ Widowed ❑ Single ❑ Minor
❑ Separated ❑ Divorced ❑ Partnered for years

Patient Employer/School_____ Occupation _____

Whom may we thank for referring you?_____

In case of emergency who should be notified? _____ Phone (___)_____

MEDICAL HISTORY

Physician's Name _____ Date of Last Visit _____

Have you had any serious illnesses or operations? ❑ Yes ❑ No If yes, describe_____

Have you ever had a blood transfusion? ❑ Yes ❑ No If yes, give approximate date _____

(Women) Are you pregnant? ❑ Yes ❑ No Due Date:_____Nursing? ❑ Yes ❑ No Taking birth control pills? ❑ Yes ❑ No

Check (✓) if you have had problems with any of the following:

❑ Acid Reflux
❑ Anemia
❑ Arthritis, Rheumatism
❑ Artificial Joints
Location:_____
❑ Artificial Heart Valves
❑ Asthma
❑ Autism
❑ Back Problems
❑ Blood Disease
❑ Cancer ❑ Active ❑ Remission
Location:_____
❑ Chemical Dependency
❑ Chemotherapy
❑ Circulatory Problems
❑ Cortisone Treatments
❑ Cough, Persistent
❑ Dementia
❑ Diabetes
❑ Epilepsy
❑ Fainting
❑ Glaucoma
❑ Headaches
❑ Heart Murmur
❑ Heart Problems
❑ Hemophilia
❑ Hepatitis
❑ High Blood Pressure
❑ HIV/AIDS
❑ Jaw Pain
❑ Kidney Disease
❑ Liver Disease
❑ Mitral Valve Prolapse
❑ Osteoporosis
❑ Pacemaker
❑ Radiation Treatment
❑ Respiratory Disease
❑ Rheumatic Fever
❑ Shortness of Breath
❑ Skin Rash
❑ Stroke
❑ Swelling of Feet or Ankles
❑ Thyroid Problems
❑ Tobacco Habit
❑ Tonsillitis
❑ Tuberculosis
❑ Ulcer
❑ Venereal Disease
❑ Other _____

MEDICATIONS

List medications you are currently taking:

_____

_____

Pharmacy Name _____

Phone (___)_____

ALLERGIES

❑ Aspirin
❑ Barbiturates
❑ Codeine
❑ Local Anesthetic
❑ Penicillin
❑ Sulfa
❑ Latex _____
❑ Other _____
_____

I hereby certify, that to the best of my knowledge, the provided information is true and accurate.

Signature_____ Date _____