DR. ERIC PERKINS & DR. SCOTT DRIVER

Acadian Family Dental…Excellence in care, with a lifetime of smiles.

Health Information Form

Date_____

Patient's Name_____ Nickname_____
Last First Middle Initial (name you liked to be called)

E-mail address _____ (for appointment reminders only)

Emergency Contact (Name, phone and relationship) _____

Who can we thank for referring you to this office? _____

Please list all medications or provide a list _____

Have you had a reaction to the following drugs?

Yes	No	
❍	❍	Penicillin
❍	❍	Local Anesthetics
❍	❍	Any others, please list

_____

_____

Have you had any of the following?

Yes	No		Yes	No	
❍	❍	Hepatitis A, B, C	❍	❍	Emphysema
❍	❍	Tuberculosis	❍	❍	Tumor or Cancer
❍	❍	Kidney Trouble	❍	❍	Heart Trouble
❍	❍	Liver Trouble	❍	❍	Allergies
❍	❍	Diabetes	❍	❍	HIV/AIDS
❍	❍	Pacemaker/ Defibrillator	❍	❍	Anemia
❍	❍	High Blood Pressure			

Are there any other conditions not listed above? Please list.

_____

Do you require premedication with antibiotics for any of the following reasons?

Yes	No	
❍	❍	Artificial Joints
❍	❍	Heart
❍	❍	Rheumatic Fever

Any others please list

Women Only

Yes	No	
❍	❍	Are you pregnant?
❍	❍	Are you nursing?
❍	❍	Do you take birth control pills?

Yes	No	
❍	❍	Have you ever had braces?
❍	❍	Do you have sleep apnea?
❍	❍	Have you ever been told you have a snoring problem?
❍	❍	Have you ever had problems with breath odor (Halitosis)?
❍	❍	Have you been told by someone that you grind your teeth while sleeping?
❍	❍	Do your gums ever bleed?
❍	❍	Have you ever had any periodontal (gum) treatment?

Cosmetic

Yes	No	
❍	❍	Are you happy with the appearance of your teeth?
❍	❍	Would you like your teeth to be whiter?
❍	❍	Would you like more information on:
❍	❍	Porcelain veneers/Lumineers™?
❍	❍	Botox™ (reduces wrinkles)
❍	❍	Juvederm™ (fills in wrinkles, enlarges lips, lifts corners of mouth)