

PATIENT INFORMATION

Patient Name					
(First)		(Middle)		(Last)	
Preferred Name (Nickname)	Gende	er	Birthdate		
Whom may we thank for refe	erring you to our office?			· · · · · · · · · · · · · · · · · · ·	
	MEDICAL	. HISTORY			
Physician	MEDICAL		ast Visit		
Please check Yes or No (If 'Y					
Is the patient taking any medication?					
	alcalion: advised prophylactic antibiotics f				No No
	medication?				No
Does the patient have a history of major illness?					No
Has the patient had any major operations?					No
Has the patient ever been involved in a serious accident?					No
Are mere any medical cond	mons we have not discussed tha	i you leel we should be a	iware or	res	No
Chook any of the modical o	anditions halow that the nationt	has had ar aurrently has			
Check any of the medical c	onditions below that the patient		Do a coma a miles		
	Diabotos				
Abnormal Bleeding Anemia	Diabetes Dizziness	Hepatitis/Liver Problems Herpes	Pneumonia Prolonged B		
Abnormal Bleeding		'	Prolonged E Epilepsy		
Abnormal Bleeding Anemia Arthritis Asthma or Hayfever	Dizziness Radiation/Chemotherapy Gastrointestinal (GI) Disorders	Herpes High Blood Pressure HIV/AIDS	Prolonged E Epilepsy Rheumatic	Bleeding Fever	
Abnormal Bleeding Anemia Arthritis Asthma or Hayfever Bone Disorders	Dizziness Radiation/Chemotherapy	Herpes High Blood Pressure HIV/AIDS Kidney Problems	Prolonged E Epilepsy	Bleeding	
Abnormal Bleeding Anemia Arthritis Asthma or Hayfever	Dizziness Radiation/Chemotherapy Gastrointestinal (GI) Disorders Heart Problems	Herpes High Blood Pressure HIV/AIDS	Prolonged E Epilepsy Rheumatic Tuberculosis	Bleeding	
Abnormal Bleeding Anemia Arthritis Asthma or Hayfever Bone Disorders	Dizziness Radiation/Chemotherapy Gastrointestinal (GI) Disorders Heart Problems Heart Murmur	Herpes High Blood Pressure HIV/AIDS Kidney Problems Nervous System Disorders	Prolonged E Epilepsy Rheumatic Tuberculosis	Bleeding	
Abnormal Bleeding Anemia Arthritis Asthma or Hayfever Bone Disorders	Dizziness Radiation/Chemotherapy Gastrointestinal (GI) Disorders Heart Problems Heart Murmur	Herpes High Blood Pressure HIV/AIDS Kidney Problems	Prolonged E Epilepsy Rheumatic Tuberculosis	Bleeding	
Abnormal Bleeding Anemia Arthritis Asthma or Hayfever Bone Disorders Congenital Heart Defect	Dizziness Radiation/Chemotherapy Gastrointestinal (GI) Disorders Heart Problems Heart Murmur DENTAL	Herpes High Blood Pressure HIV/AIDS Kidney Problems Nervous System Disorders HISTORY	Prolonged E Epilepsy Rheumatic Tuberculosis Tumor or Cc	Fever ancer	
Abnormal Bleeding Anemia Arthritis Asthma or Hayfever Bone Disorders Congenital Heart Defect	Dizziness Radiation/Chemotherapy Gastrointestinal (GI) Disorders Heart Problems Heart Murmur	Herpes High Blood Pressure HIV/AIDS Kidney Problems Nervous System Disorders HISTORY	Prolonged E Epilepsy Rheumatic Tuberculosis Tumor or Cc	Fever ancer	
Abnormal Bleeding Anemia Arthritis Asthma or Hayfever Bone Disorders Congenital Heart Defect Current Dentist	Dizziness Radiation/Chemotherapy Gastrointestinal (GI) Disorders Heart Problems Heart Murmur DENTAL	Herpes High Blood Pressure HIV/AIDS Kidney Problems Nervous System Disorders HISTORY	Prolonged E Epilepsy Rheumatic Tuberculosis Tumor or Cc	Fever ancer	
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Abnormal Bleeding Anemia Arthritis Asthma or Hayfever Bone Disorders Congenital Heart Defect Current Dentist Please check Yes or No (If 'Y Is the patient presently in an	Dizziness Radiation/Chemotherapy Gastrointestinal (GI) Disorders Heart Problems Heart Murmur DENTAL es', please fill in details) y dental pain?	Herpes High Blood Pressure HIV/AIDS Kidney Problems Nervous System Disorders HISTORY Date of Last Visit	Prolonged E Epilepsy Rheumatic Tuberculosis Tumor or Cc	Fever ancer	No
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Abnormal Bleeding Anemia Arthritis Asthma or Hayfever Bone Disorders Congenital Heart Defect Current Dentist Please check Yes or No (If 'Y Is the patient presently in an Is the patient currently seeing Has the patient experienced Has the patient broken or che Have there been injuries to fi	Dizziness Radiation/Chemotherapy Gastrointestinal (GI) Disorders Heart Problems Heart Murmur DENTAL es', please fill in details) dental pain? gany dental specialists (Periodor any unfavorable reaction to de ipped any teeth? ace, mouth, or teeth?	Herpes High Blood Pressure HIV/AIDS Kidney Problems Nervous System Disorders HISTORY Date of Last Visit ntics, Oral Surgeon, Endodontistry?	Prolonged E Epilepsy Rheumatic Tuberculosis Tumor or Cc	Fever Yes Yes Yes Yes Yes Yes Yes	No No No No
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PATIENT INFORMATION					
Home Address					
	Years Employed				
Cell Phone: Alt. Phone					
E-mail Address:					
Preferred Contact Method for Appointment Reminders:	Phone Call Text Email				
FINANCIAL INFORMATION					
Responsible Billing Party Self Other	(First Name) (Last Name)				
Do you currently have dental insurance? Yes No					
Insured's Name DOI	3 Social Sec No				
Insured's Employer In	surance Company				
Insurance Company Address					
Group Number Ir	nsurance ID				
BENEFITS					
Benefits of orthodontics include an improvement in the appearance of the teeth, improvement in the general function of the teeth, and improvement in general dental health. Teeth, gums, and jaws are intricate parts of the craniofacial complex and can sometimes fail to respond to treatment ideally. I have truthfully answered all the above questions and agree to inform the office of any changes in medical or dental history. In addition, I authorize Dr. Sachee Parikh to perform a complete orthodontic evaluation.					
Patient Signature	Date				
Parikh Orthodontics 163 Miller Avenue, Suite 3 Mill Valley, California 94941 415.388.2970					