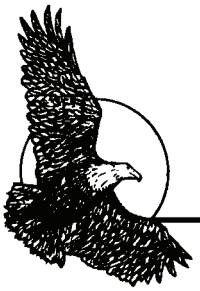

LEONARD F. ANGLIS, D.D.S.
IMPLANT AND RESTORATIVE DENTISTRY

Patient Medical History Form

Date _____

Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____ Email address _____

Best way to confirm appointment? ☐ text ☐ email ☐ home phone ☐ cell phone cell carrier _____

Will you accept a text to confirm? ☐ yes ☐ no Will you accept an email to confirm? ☐ yes ☐ no

Marital Status ☐ single ☐ married Spouse's Name _____

Place of Employment _____

Work Address _____ Work Phone _____

Dental Insurance Company _____ Insurance ID _____

Date of Birth _____ Occupation _____

Emergency Contact Name _____ Phone number _____

Your Physician Name _____ Phone number _____

Date of last visit to physician _____ Are you currently being treated? ☐ yes ☐ no

Are you currently taking any medications? (this includes over-the-counter medications as well as prescriptions) ☐ yes ☐ no

If yes, please give details _____

Are you allergic to any medications? ☐ yes ☐ no If yes, what? _____

_____

Have you ever taken Fosamax, Actonel, Boniva or any other bisphosphonate ☐ yes ☐ no

Any recent serious illness? If yes, please explain. _____

Do you sleep well and wake refreshed? ☐ yes ☐ no Have you been told that you snore? ☐ yes ☐ no

Whom may we thank for this referral? _____

over ↘

Patient Medical History Form

Do you have a history of any of the following? If so, please give details.

☐ yes ☐ no Alcohol use _____

☐ yes ☐ no Cigarette / cigar use _____

☐ yes ☐ no Arthritis _____

☐ yes ☐ no Asthma _____

☐ yes ☐ no Allergic to Anesthetic _____

☐ yes ☐ no Bleeding Disorders _____

☐ yes ☐ no Heart Condition _____

☐ yes ☐ no Diabetes. If yes, is the diabetes controlled? ☐ yes ☐ no _____

☐ yes ☐ no Stroke _____

☐ yes ☐ no Hepatitis _____

☐ yes ☐ no AIDS/HIV _____

☐ yes ☐ no Artificial Joints _____

☐ yes ☐ no Heart Valve Problems _____

☐ yes ☐ no Epilepsy _____

☐ yes ☐ no Emotional Stress _____

☐ yes ☐ no High Blood Pressure _____

☐ yes ☐ no Rheumatic Fever _____

☐ yes ☐ no Other Condition(s) _____

_____

Signature: _____