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Fax (973) 337-8648
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frontdesk@fergusondental.com

Date _____

Patient's Name _____ Date of Birth _____
Last First M

Address _____
Street City Zip

Phone _____ Cell Phone _____ Work Phone_____

E-Mail Address _____

How would you prefer to be contacted (please circle)? Phone (home, cell, or work) Email Postcard

Medical Health Update

1. Physician's Name _____ City _____ Phone _____
2. Have you been under the care of a physician or been hospitalized during the past two years? _____ If yes, please explain

   _____
3. List any medications you are presently taking

   _____
4. Are you taking any of the following medications? ☐Aspirin ☐ Steroids ☐ Cortisone ☐ Blood Thinners
   - ☐ Fosamax, Boniva, Actenol or other Bisphosphonate
5. List any medications or substances you have had an adverse or allergic reaction to _____

   _____

   Have you ever had an allergic reaction to latex? ☐ Yes ☐ No
6. **Women:** Are you taking Birth Control Pills? ☐ Yes ☐ No

   Are you now pregnant? ☐ Yes ☐ No Due Date_____ Nursing? ☐ Yes ☐ No
7. Indicate which of the following you have had or have at present:

☐ Heart Disease or Attack	☐ Diabetes	☐ Cancer _____	☐ Hemophilia
☐ Angina Pectoris	☐ Kidney Trouble	☐ Radiation Therapy	☐ Bruise Easily/ Excessive Bleeding
☐ High Blood Pressure	☐ Liver Disease	☐ Chemotherapy	☐ Epilepsy/ Seizures
☐ Heart Murmur	☐ Hepatitis	☐ Arthritis	☐ Fainting or Dizzy Spells
☐ Mitral Valve Prolapse	☐A ☐B ☐C ☐D ☐E	☐ Osteoperosis/Osteopenia	☐ Nervousness
☐ Rheumatic Fever	☐ Tuberculosis	☐ Joint Replacement	☐ Psychiatric Treatment
☐ Congenital Heart Defect	☐ Asthma	☐ AIDS	☐ Cosmetic Surgery
☐ Medicated Coronary Stent	☐ Sinus Trouble	☐ HIV+	☐ Drug Addiction
☐ Artificial Heart Valve	☐ Seasonal Allergies	☐ Sexually Transmitted Disease	☐ Alcohol Use _____/ Day
☐ Heart Pacemaker	☐ Emphysema	☐ Cold Sores/ Fever Blisters	☐ Tobacco Use _____/ Day
☐ Heart Surgery	☐ Thyroid Disease	☐ Ulcers/Stomach Problems	
☐ Stroke	☐ Glaucoma	☐ Sickle Cell Anemia	

8. Do you have any diseases, conditions, or problems not listed?
9. In case of emergency please contact?
   Name: _____Phone Number: _____

Please add anything you feel is important! _____

Signature: _____ Date _____

Signature: _____ Date _____

Signature: _____ Date _____