



SPENCER Z. FORMAN, D.M.D.

3 Harrison Street
Jamesburg, NJ 08831
201-521-0294

DATE _____

SS # _____

PERSONAL INFORMATION

NAME _____ BIRTHDATE _____

ADDRESS _____ TOWN _____ ZIP _____

HOME PHONE# _____ MARITAL STATUS _____

EMPLOYED BY _____ ADDRESS _____

SPOUSE'S NAME _____ EMPLOYED BY _____

EMPLOYER'S ADDRESS _____

CAN WE CALL YOU AT WORK? _____ BUSINESS PHONE _____

DO YOU HAVE DENTAL INSURANCE? _____ COMPANY NAME _____

WHO WERE YOU REFERRED BY? _____

MEDICAL HISTORY

PHYSICIAN'S NAME _____ PHONE# _____

ADDRESS _____

HAVE YOU EVER HAD, OR BEEN TREATED FOR:

- | | | |
|--------------------|--|-----------------------|
| Stroke _____ | Congestive Heart Failure _____ | Surgery _____ |
| Heart Attack _____ | Heart Surgery _____ | Heart Murmur _____ |
| Angina _____ | Other Heart Problems _____ | Rheumatic Fever _____ |
| Arthritis _____ | High Blood Pressure _____ | Scarlet Fever _____ |
| Bronchitis _____ | Low Blood Pressure _____ | Malignancies _____ |
| Hepatitis _____ | Circulatory Problems _____ | Chemotherapy _____ |
| Tuberculosis _____ | Excessive Bleeding _____ | Radiation _____ |
| Tonsillitis _____ | Allergies To Anesthetics _____ | Nerves _____ |
| Ulcer _____ | Allergies To Medicines/
Drugs _____ | |
| Sinus _____ | Allergies To Other _____ | |
| Diabetes _____ | Joint Replacements _____ | |
| HIV Positive _____ | Prosthetic Devices _____ | |
| Emphysema _____ | | |

HAVE YOU EVER NEEDED TO TAKE ANTIBIOTICS FOR DENTAL WORK? _____

ARE YOU NOW SO, OR CONTEMPLATING PREGANCY? _____

ARE YOU PRESENTLY TAKING ANY OF THE FOLLOWING MEDICATIONS:

- | | |
|---------------------------------|----------------------|
| Antibiotics _____ | Diuretics _____ |
| Blood Pressure Medication _____ | Muscle Relaxer _____ |
| Blood Thinner _____ | Sedatives _____ |

Any other medication - Please Specify _____

Any other changes in health history within the past year? _____

SIGNATURE _____

Please turn over -----

