

Michelle Caldwell, DDS

7373 W. Jefferson Ave. Suite 204, Lakewood, CO 80227 - (303) 988-7800

Confidential Patient Information

Date: _____ General Patient Information:

Name: _____ Social Security#: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Birthday: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Please Check Appropriate Space: Minor Single Married
Patient or Guardian's Employer: _____
Address of Employer: _____
If Patient is a Student, Name of School/College _____ City _____ State _____
Person to Contact in Case of Emergency _____ Phone _____

Responsible Party:

Name of Person Responsible For This Account _____ Relationship to Patient _____
Street Address _____ City _____ State _____ Home Phone _____
Employer _____ Work or Cell _____
Birthdate _____ Is this Person a Patient of Dr. Caldwell _____

Insurance Information:

Name of Insured _____ Relationship to Patient _____
Birthdate _____ Social Security Number _____ Date Employed _____
Name of Employer _____ City _____ State _____ Zip _____
Work Phone Number _____
Insurance Company _____ Group# _____ Union of Local# _____

Signature of Patient or Guardian

I accept that the information is true and correct :

Patient Medical History

Physician _____ Office Number _____ Date of Last Exam _____

	Yes	No
Are you under medical treatment now	___	___
Have you ever been hospitalized for surgical operation or serious illness	___	___ any illness
Are you taking any medication?	___	___
If so, which medication?	_____ _____ _____	
Do you use tobacco?	___	___
Do you use alcohol?	___	___
Do you use any illicit drugs?	___	___
Are you currently taking oral bisphosphonates? (Boniva, Atonal, Fosomax, Reclast, Actonel, or any drug used to treat osteoporosis)	___	___
Are you taking Steroids?	___	___

	Yes	No
Have you had any allergic reactions to the following:		
Local Anesthetic	___	___
Penicillin/Other antibiotics	___	___
Antibiotics		
drugs		
Sulfa	___	___
Barbiturates		
Sedatives	___	___
Iodine	___	___
Others?	___	___
Women only:		
Are you pregnant or think you may be pregnant?	___	___
Are you nursing?	___	___
Are you taking Birth Control?	___	___

Do you currently have, or have you had in the past year any of the following?

	Yes	No
High Blood Pressure	___	___
Rheumatic Fever	___	___
Fainting/Seizures	___	___
Low Blood Pressure	___	___
Kidney Disease	___	___
Thyroid	___	___
Cardiac Pacemaker	___	___
Frequently Tired	___	___
Joint Replacement or Implant	___	___
Sexually Transmitted Disease	___	___
Hay Fever/Allergies	___	___
Radiation Therapy	___	___

Heart Attack	___	___
Swollen Ankles	___	___
Asthma	___	___
Epilepsy/Convulsions	___	___
AIDS or HIV	___	___
Heart Disease	___	___
Heart Murmur	___	___
Chest Pains	___	___
Hepatitis/Jaundice	___	___
Stomach Troubles	___	___
Tuberculosis	___	___
Liver Disease	___	___
Diabetes	___	___

Cancer	___	___
Angina	___	___
Anemia	___	___
Arthritis	___	___
Leukemia	___	___
Stroke	___	___
Ulcers	___	___
Glaucoma	___	___
Heart Trouble	___	___
Easily Winded	___	___
Respiratory Problems	___	___
Recent Weight Loss	___	___

Other _____

Patient Dental History:

Yes No

Do your gums bleed while brushing and flossing?	___	___
Are your teeth sensitive to sweet or sour liquids/foods?	___	___
Do you have any sores or lumps in or near your mouth?	___	___
Do you bite your lips or cheeks frequently?	___	___
Have you ever had prolonged bleeding after extraction?	___	___
Have you ever had instruction on the correct method to brush?	___	___
Have you ever experienced any of the following problems in your jaw?		
Clicking	___	___
Pain	___	___
Difficulty in opening or closing	___	___
Difficulty in chewing	___	___
Are your teeth sensitive to hot/cold?	___	___
Do you feel pain in any of your teeth?	___	___
Do you have frequent headaches?	___	___
Have you had any difficult extractions?	___	___
Do you clench or grind your teeth?	___	___
Have you had any orthodontic work?	___	___

I certify that I have read and understand the above information. To the best of my knowledge, the above questions have been accurately answered.

Signature: _____