

**PATIENT INFORMATION**  
**STANLEY L. DEMSKI III, D.D.S.**

THIS INFORMATION IS NECESSARY FOR OUR FILES & IS CONSIDERED CONFIDENTIAL

DATE: \_\_\_\_\_

\*PATIENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

\*IF MINOR, PARENT GUARDIAN: \_\_\_\_\_

\*RESIDENCE  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*CIRCLE ONE: \*MARRIED \*SINGLE \*MINOR

EMAIL: \_\_\_\_\_

\*DRIVERS LICENSE #: \_\_\_\_\_ SOCIAL SECURITY  
#: \_\_\_\_\_

\*HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL  
PHONE: \_\_\_\_\_

\*HOW DO YOU PREFER TO BE CONTACTED TO CONFIRM APPOINTMENTS:  
HOME\_\_ WORK\_\_ CELL\_\_ EMAIL\_\_

\*EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

\*EMPLOYER ADDRESS: \_\_\_\_\_

\*SPOUSES NAME: \_\_\_\_\_ SOCIAL  
SECURITY#: \_\_\_\_\_

\*SPOUSE'S EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

\*BUSINESS ADDRESS: \_\_\_\_\_

\*NEAREST RELATIVE NOT LIVING WITH  
YOU: \_\_\_\_\_ PHONE: \_\_\_\_\_

\*PHYSICIAN: \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

\*FORMER DENTIST: \_\_\_\_\_ CITY: \_\_\_\_\_

\*HOW DID YOU HEAR ABOUT DR. DEMSKI?

**HEALTH HISTORY**

1. ARE YOU IN GOOD HEALTH: \_\_\_\_\_ YES NO
2. DATE OF LAST PHYSICAL: \_\_\_\_\_
3. ARE YOU UNDER A PHYSICIAN'S CARE: \_\_\_\_\_ YES NO
4. HAVE YOU HAD ILLNESS/OPERATION?: \_\_\_\_\_ YES NO  
DATE: \_\_\_\_\_
5. HAVE YOU EVER BEEN HOSPITALIZED? \_\_\_\_\_ YES NO  
DATE: \_\_\_\_\_
6. ARE YOU TAKING MEDICATION? \_\_\_\_\_ YES NO  
NAMES: \_\_\_\_\_
7. ARE YOU ALLERGIC TO ANY MEDICATION OR LATEX? \_\_\_\_\_ YES NO
8. DO YOU HAVE A PACEMAKER OR HAVE YOU HAD HEART SURGERY? \_\_\_\_\_ YES NO
9. DO YOU HAVE ANY MEDICAL CONDITION I SHOULD BE AWARE OF? \_\_\_\_\_ YES NO
10. (WOMEN) ARE YOU PREGNANT? \_\_\_\_\_ YES NO

**IF YOU HAVE ANY HISTORY OF THE FOLLOWING MARK WITH A Y(YES) AND**

**EXPLAIN BELOW**

ANEMIA__	HEMOPHILIA__	SINUS TROUBLE__	CEREBRAL PALSY__	HIGH BLOOD PRESSURE__
HERPES__	HEART MURMUR__	BLOOD DISEASE__	BLOOD TRANSFUSION__	DIET MEDICATION__
STROKE__	HEART FAILURE__	DRUG ADDICTION__	JOINT REPLACEMENT__	PAIN IN JAW JOINTS__
ULCERS__	HEART ATTACK__	KIDNEY DISEASE__	NERVOUS DISORDERS__	RESPIRATORY DISEASE__

DIABETES\_\_ LIVER DISEASE\_\_ STOMACH ULCERS\_\_ TUMORS/GROWTHS\_\_ SICKLE CELL  
DISEASE\_\_  
GLAUCOMA\_\_ SCARLET FEVER\_\_ ANGINA PECTORIS\_\_ ALLERGIES/HIVES\_\_ TUBERCULOSIS\_\_  
ARTHRITIS\_\_ CHICKEN POX\_\_ MENTAL DISORDER\_\_ CORTISONE MEDICINE\_\_ EPILEPSY/SEIZURES\_\_  
EMPHYSEMA\_\_ RHEUMATIC FEVER\_\_ EXCESSIVE BLEEDING\_\_ ARTIFICIAL PROSTHESIS\_\_ CONGENITAL  
HEART LESIONS\_\_  
HAY FEVER\_\_ FAINTING SPELLS\_\_ THYROID DISEASE\_\_ ASTHMA\_\_ DIFFICULTY SWALLOWING\_\_  
TONSILITIS\_\_ BRUISE EASILY\_\_ CHEMOTHERAPY\_\_ HEPATITIS\_\_ XRAY/COBALL TREATMENT\_\_  
COLD SORES\_\_ AIDS\_\_ HIV +\_\_ RADIATION TX\_\_ JAUNDICE\_\_ BISPHOSPHONATE  
(FOSAMAX)\_\_  
BLOOD THINNERS (COUMADIN/WARFARIN) \_\_

**EXPLAIN (YES ANSWERS):**