



Evan C Adams, D.D.S.
 "Where Caring is the Beginning"

Patient's Name _____ Date of Birth _____
 Street Name _____ City _____ State _____ Zip _____
 Home# _____ Cell# _____ Work# _____ E- Mail _____
 Do you prefer appointment confirmations by Text, E-mail, or Phone? Please specify _____

If you share an account with another family member please provide their name.

Principle Account Holder _____ Relationship _____
 Household address of principle account holder (if different from above)
 Street Name _____ City _____ State _____ Zip _____

DENTAL INSURANCE INFORMATION

Patient's Social Security # _____
 And
 Employer _____ Telephone # _____ (For Ins. verification)
 Group Name _____ Group Number _____

Or (if you are not the Primary insured person)

Primary insured's name _____ Date of Birth _____
 Social Security # _____
 Employer _____ Telephone # _____ (For Ins. verification)
 Group Name _____ Group Number _____

MEDICAL HISTORY

Are you currently being treated for an illness? _____ If yes, for what reason(s)? _____
 Name of treating Physician _____ Office # _____

Medications:

Name	Strength	Dosage	Name	Strength	Dosage
1. _____	_____	_____	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Have you ever had an allergic response to any medication, food or other substance? _____

List Allergies: _____

Do you have a history of any of the following? (Indicate with a checkmark.) Diabetes ___ Hepatitis ___
 Rheumatic Fever ___ Cancer ___ Heart Disease ___ Epilepsy ___ Aids/HIV+ ___ High Blood pressure ___
 Bleeding ___ Fainting ___ Anxiety ___ Other (describe) _____

(Women) Are you pregnant or Brest feeding ___ Do you have any disabilities (describe) _____

DENTAL HISTORY

What prompted you to seek dental care at this time? _____
 How long has it been since you last Dental Exam? ___ Were you pleased with your past dental care? ___
 Is there anything about your smile that you wish you could change? _____
 Who can we thank for recommending us? _____

Signature _____

Date _____