Dental Medical History of Immediate Attention

Patient Name:_____ Date:___/___/___

Gender:____ Age:___ Marital Status:_____

Occupation:_____

Referred By:_____

Address:_____

Home Phone:_____ Cellular:_____

Type of interrogation: Direct___ Indirect:___ Name:_____

Name Relationship of the patient's legal guardian:_____

Name of the attending dentist:_____

Professional ID:_____

Vital signs:_____

Stature:_____ Weight:_____ Pulse:_____ F.R._____ T. A. (left arm)_____

T. A. (right arm)_____ Blood Type:_____

Allergies, illnesses, different abilities, taking medications:

_____

_____

_____

_____

_____

_____

Reason for consultation:_____

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