

Today's Date: _____



Edgewood Dental Care
Personalized & Comfortable

Welcome To Our Dental Office!

Kevin R. McMahon, D.M.D. • D. Gordon Gutman, D.M.D.
155 Barnwood Drive, Suite 1 • Edgewood, KY 41017 • (859) 331-3400

1. The Patient

Name _____ Preferred Name _____
Birth Date _____ Age _____ SS# _____
Home Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Employer _____
How Long Employed? _____ Occupation _____
Spouse's Name _____
Spouse's Employer _____ Spouse's Work Number _____
Whom to notify in case of emergency _____
Address _____ Phone _____
Name of Pharmacy _____ Phone _____
Who referred you to our office _____
If patient is a student, name of school/college _____

2. Medical History

Name of person responsible for this account _____ Relationship of patient _____
Are you currently under a physician's care? If so, why _____
Are you pregnant? Y N If yes, when are you due? _____
Have you ever had: (circle positive answers)
Diabetes, Hepatitis, Jaundice, Excessive Urination and/or Thirst, Hypoglycemia, Thyroid Disease, Ulcers,
Anemia, High/Low Blood Pressure, Heart Disease, Heart Murmur, Mitral Valve Prolapse, Congenital Heart Lesions,
Rheumatic Fever, Stroke, Sinus Trouble, Asthma, Respiratory Diseases, Tuberculosis, Epilepsy, Seizures, Fainting
Spells, AIDS/HIV Positive, Venereal Disease, Psychiatric or Cancer Treatment, Arthritis, Joint Replacements, Other
Transplants, Healing Complications, Prolonged Bleeding, Blood Transfusions Prior to 1986, Glaucoma
Allergic to: Penicillin, Codeine, Local Injected Anesthetics, Other Medications _____
Do you have a latex allergy? Y N
Do you use tobacco? Y N
Do you need premedication with an antibiotic? Y N
Are you taking any medication(s) including non-prescription medicine? Y N
If Yes, what medication(s) are you taking? _____
Surgeries? What type and when _____

THE INFORMATION I HAVE GIVEN TODAY IS CORRECT TO THE BEST OF MY KNOWLEDGE.
I UNDERSTAND THAT I MUST INFORM THIS OFFICE OF ANY CHANGES IN MY MEDICAL STATUS.

Signature _____ Date _____

