RESIDENTIAL DENTAL CARE

Irene Hogan, BS, RDHAP
6353 Boone Rd. Traverse City, MI 49685
Phone: (650)355-1475

Registered Dental Hygienist
Michigan I.D. No. 2902017075

HEALTH INFORMATION

Patient's Name_____ Date of Birth _____

If completing this form for another person, what is your name and relationship to patient? _____

For the following questions, **circle Yes or No.** Your answers are for our records only and will be kept confidential.

Bleeding Problems	**YES NO**	Heart Disease	**YES NO**
Blood Disorder	**YES NO**	High Blood Pressure	**YES NO**
Cancer	**YES NO**	Hip/Joint Replacement	**YES NO**
Dementia	**YES NO**	Osteoporosis Medications	**YES NO**
Diabetes	**YES NO**	Parkinson's Disease	**YES NO**
Epilepsy or Seizures	**YES NO**	Respiratory Illness	**YES NO**
Hearing Impaired	**YES NO**	Stroke	**YES NO**

Specify any allergies: _____

Please list all medications that you are currently taking:

_____

_____

_____

_____

_____

_____

_____

Are you now under the care of a doctor? **Yes** **No**

If Yes, what is the condition being treated? _____

I certify that I have read and understood the above and that the information given on this form is accurate. I understand the importance of a truthful health history. I will not hold my dental hygienist responsible for any action she takes or does not take because of errors or omissions that I may have made in the completion of this form.

SIGNATURE OF PATIENT/ LEGAL GUARDIAN Date