Brookfield Family Dentistry, LLC

Marianne Morelli, D.M.D.

PATIENT INFORMATION	
Patient Name: Last First Middle	Date: Nickname
Gender: Female Male Fami	y Status: Single Married Divorced Widowed Child
Date of Birth: Social Security Number:	
Phone Home: _() Cell : _()Work ()
Email:	
Address:	
EMERGENCY CONTACT INFORMATION	
Emergency Contact (Name, Relation and Phone Number):	
HEALTH HISTORY UPDATE	
Do you need to premedicate with antibiotics for dental appointments?	
Have you been admitted to a hospital, needed emergency care or had any surgeries during the past 5 years?	
Do you have a history of alcohol/substance abuse/addition/dependency?	
If yes, please explain Have you taken medications (Fosamax, Actonel, Boniva, Reclast) to increase bone density and/or to prevent bone loss?	
\square No \square Yes If yes, How long? What type? Are you still taking?	
(Women) Are you Pregnant? No Yes Nursing? No Yes Taking Birth Control Pills? No Yes	
(Men) Have you taken or are you currently prescribed (Viagra, Levitra, Staxyn, Cialis, Sendra or similar) Phosphodiesterase (PDE) Inhibitors? 🛛 No □ Yes	
Please check if you have or have had any of the following:	
Anemia Dizziness / Fainting Kidney Disease Thyroid Problems Anxiety / Depression Epilepsy Liver Disease T.M.J. / T.M.D. Arthritis / Rheumatism Excessive Bleeding Low Blood Pressure Smoke / Vape Artificial Heart Valve* Gastrointestinal Mitral Valve Prolapse* Tuberculosis Asthma Glaucoma Osteoporosis / Osteopenia Tumors Autoimmune Disorders Head Injuries Pacemaker Artificial Joints Back Problems Heart Disease Respiratory Problems Where/When	
Medications & Pharmacy	Allergies
List medications you are currently taking:	Aspirin Penicillin Barbiturates (Sleeping pills) Seasonal Codeine Sulfa Local Anesthetic
SIGNATURE	
To the best of my knowledge, all of the preceding answers and information provided is accurate and complete. If I ever	

have any change in my health, I will inform the doctor and/or hygienist at the next appointment without fail.