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 Yonkers, NY 10701

Patient Name _____ Date of Birth _____ Married _____ Single _____

Parent or Guardian _____ Name of Spouse _____

Address _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Email Address _____

Occupation _____ Position _____ How long held? _____

Employer _____ Address _____

Spouse's Occupation _____ Position _____ How long held? _____

Patient's Social Security Number _____

Spouse's Social Security Number _____

Who may we thank for the referral? _____

Who will pay this account? _____

Name of Dental Insurance Company and Policy Number _____

Purpose of Visit _____

1. Are you happy with the appearance of your teeth? Yes__ No__
2. Would you like to learn more about cosmetic dentistry? Yes__ No__
3. Do you feel nervous about dental treatment? Yes__ No__
4. Have you been a patient in the hospital in the past two years? Yes__ No__
5. Have you seen a physician in the last two years? Yes__ No__
6. Are you allergic to any medications including aspirin, penicillin, codeine, dental injections? Yes__ No__
7. Circle any of the following which you have had or have at the present

Bacterial Endocarditis	Hemophilia	Radiation Treatment	Diabetes
Heart Murmur	Blood Disease	Arthritis (Rheumatism)	Kidney Problems
Irregular Heart Beat	Sickle Cell Anemia	Neurological Problems	Dialysis
High Blood Pressure	Anemia	Hepatitis A	Liver Problems
Low Blood Pressure	Excessive Bleeding	Hepatitis B	Hepatitis C
Rheumatic Heart Fever	Asthma	Epilepsy or Seizures	Stroke
Rheumatic Heart Disease	Respiratory Disease	Psychiatric Problems	Thyroid Disease
Artificial Heart Valve(s)	Shortness of Breath	Emotional Problems	Ulcer/Colitis
Congenital Heart Lesion	Hay Fever	Alcoholism	Sinus Problems
Mitral Valve Prolapse	Tuberculosis	Fever Blisters	Herpes
Heart Attack _____ Year	Sexually Trans.Disease	Cortisone	Drug Addiction
Angina/Chest Pain	Glaucoma	Malignancies	AIDS
Heart Pacemaker	Cancers,Tumors,Growths	Oral Contraceptives	Pregnant__Month
Heart Surgery	Immunosuppressive Disorders/ARC		Artificial Joint
Congestive Heart Failure	Chemotherapy	Anticoagulants	Replacement

