

Phone
845-471-5202

MID-HUDSON ORAL SURGEONS
29 FOX STREET POUGHKEEPSIE NY 12601

Fax
845-471-2092

Joseph M. Prisco, D.D.S.

Joseph Arcuri II, D.D.S.

Date _____ Mr. Mrs. Miss Ms. Date of Birth _____

Patients Name _____ Age _____

Address _____ Social Sec. No. _____

City _____ State _____ Zip _____ Driver's License # _____

Home Phone () _____ Cell Phone () _____ Work Phone () _____

Single Married Divorced Widowed Do you have Dental Coverage? YES NO

Name _____ Address _____ Phone No. _____
(Emergency Contact)

Family Physician _____ Family Dentist _____

Phone # () _____ Phone # () _____

WE WOULD LIKE YOUR FINANCIAL RESPONSIBILITY TAKEN CARE OF ON THE DAY OF SURGERY.

MEDICAL HISTORY

1. Are you in good health?..... Y N
 2. Are you/or have you been under the care of a physician/hospitalized in the past 5 years?..... Y N
 3. Are you taking any medication now?..... Y N
Please list.....
 4. Are you allergic to ANY medication..... Y N
If so, what?..... Y N
 5. Please circle (Y) es or (N) o if you've had/have any problems listed below.....
- | | | | | | | | | |
|---------------|---|---|--------------|---|---|-----------------|---|---|
| HEART DISEASE | Y | N | EMPHYSEMA | Y | N | HEMOPHILIA | Y | N |
| ANGINA | Y | N | ASTHMA | Y | N | DIABETES | Y | N |
| HEART MURMUR | Y | N | ULCERS | Y | N | RHEUMATIC FEVER | Y | N |
| HEART SURGERY | Y | N | EPILEPSY | Y | N | JOINT REPLACED | Y | N |
| HEPATITIS | Y | N | STROKE | Y | N | KIDNEY DISEASE | Y | N |
| ANEMIA | Y | N | TOBACCO USE | Y | N | LIVER DISEASE | Y | N |
| HIGH BLOOD | | | HEART VALVE | | | RADIATION | | |
| PRESSURE | Y | N | REPLACEMENT | Y | N | TREATMENT | Y | N |
| CANCER | Y | N | CHEMOTHERAPY | Y | N | THYROID DISEASE | Y | N |
| ALCOHOL USE | Y | N | | | | ALLERGY MEDS | Y | N |
6. Do you have any problem/condition not listed above? If so, what?..... Y N
 7. **WOMEN ONLY:** Are you now/or are you planning on becoming pregnant?..... Y N
: Are you taking birth control pills?..... Y N
: Are you aware some antibiotics cause birth control pills to be less effective?..... Y N
 8. Is there anything you would like to discuss with the doctor privately?..... Y N

TO THE BEST OF MY KNOWLEDGE, ALL OF THE PRECEDING ANSWERS ARE TRUE AND CORRECT. IF THERE ARE ANY CHANGES IN MY HEALTH OR MEDICATIONS, I WILL NOTIFY DRs. PRISCO AND ARCURI. I ALSO UNDERSTAND THAT THERE MAY BE A NEED FOR X-RAYS.

DATE

SIGNATURE OF PATIENT, PARENT, OR GUARDIAN