



**asinmaz**  
Cosmetic · Implant · General Dentistry  
Mihran Asinmaz, DMD

### PATIENT INFORMATION

MR/MRS/MISS:	DATE:	DATE OF BIRTH:
HOME ADDRESS:		HOME TEL.:
CITY. STATE. ZIP:		SOC.SEC.NO:
OCCUPATION:		BUS TEL:
EMPLOYER:		EMAIL:
BUS. ADDRESS:		CELL:
CITY.STATE.ZIP:		
PERSON RESPONSIBLE FOR ACCOUNT:		
DENTAL INSURANCE COMPANY AND POLICY #:		
REFERRED BY:		
REMARKS:(Please indicate other information that should be known about your health or previous dental visits)		

### DENTAL HISTORY

HOW LONG HAS IT BEEN SINCE YOUR LAST DENTAL VISIT:
WHAT WAS DONE AT THAT TIME:
PURPOSE OF THIS APPOINTMENT:

### MEDICAL HISTORY

1. Date of your last physical exam:	2. Are you under a physician's care now?
IF so, please give reason for treatment:	
3. Are you taking any medications at this time?:	Please list medications:
Medications Cont'd:	

#### 4. Please circle any Illness or condition you have had in the past:

ALLERGIES	TUBERCULOSIS	ANEMIA	KIDNEY OR LIVER	ARTHRITIS
RHEUMATIC FEVER	DIABETES	ASTHMA	NERVOUS PROBLEMS	MALIGNANCY
PROSTHETIC REPLACEMENT	EPILEPSY	EMPHYSEMA	AIDS	RADIATION TREATMENT
INFECTIOUS HEPATITIS	SKIN AILMENTS	GLAUCOMA	SINUS PROBLEMS	ULCER

Heart Trouble (please check all that apply): Valve problem\_\_\_ pacemaker\_\_\_ open heart surgery\_\_\_

murmur\_\_\_ high blood\_\_\_ low blood pressure\_\_\_

5. Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Have you ever had trouble with prolonged bleeding after a cut or surgery? \_\_\_\_\_

7. PLEASE CIRCLE ALLERGIES THAT APPLY: ASPIRIN BARBITURATES (SLEEPING PILLS) CODEINE IODINE

LATEX LOCAL ANESTHETIC PENICILLIN SULFA OTHER: \_\_\_\_\_

8. FEMALE: Are you pregnant? \_\_\_\_\_ How many months: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_



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**ACKNOWLEDGEMENT OF RECEIPT OF  
PRIVACY PRACTICES NOTICE**

**\* You May Refuse to Sign This Acknowledgement\***

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

We attempted to obtain written acknowledgement if receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign**
- Communications barriers prohibited obtaining the acknowledgement**
- An emergency situation prevented us from obtaining acknowledgement**
- Other (Please Specify)**

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