Patient Information

Date _____

Patient's Name _____
Last First Middle

Preferred Name _____ Birthdate _____ Social Security # _____

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____ Email_____

How did you learn about our office? _____

Whom may we contact for emergency? _____ Contact Number _____

Student Status: Full Time_____ Part Time _____ NA _____

Responsible Party Information

Name _____
Last First Middle

Mailing Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Social Security# _____ Relationship to Patient _____

Employer _____ Occupation _____ Status-Full/Part/Retired_____

Spouse's Name _____
Last First Middle

Employer _____ Occupation _____ Status-Full/Part/Retired_____

Insurance Information

Policyholder's Name _____ Date of Birth _____ Phone # _____

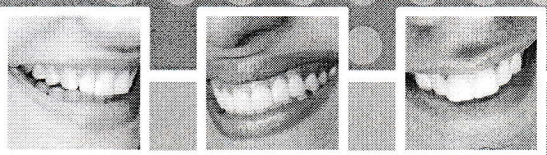
Employer _____ Insurance Company_____ Group #_____ ID#_____

Do you have Secondary Insurance? Yes/No IF YES:

Policyholder's Name _____ Date of Birth _____ Phone # _____

Employer _____ Insurance Company_____ Group #_____ ID#_____

Winegar Dental, LLC
13367 Isle Drive
Suite 1
Baxter, MN 56425
(218)829-0795
winwin@brainerd.net
winegarwinegar.com



MEDICAL HISTORY

Patient Name: _____ (Last) _____ (First) ____ (MI) _____ (Preferred Name)

Name of Physician

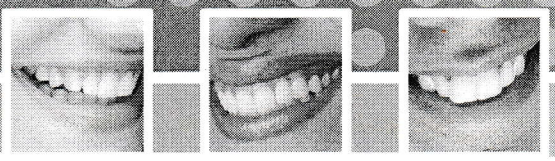
Clinic or Facility Name

Whom may we contact in case of an emergency?

Do you have, have you had, or ever been treated for any of the following?

- ☐ *Pre-Med - Amox
- ☐ *Pre-Med - Clind
- ☐ *Pre-Med - Other
- ☐ Allergies
- ☐ Allergy - Aspirin
- ☐ Allergy - Codeine
- ☐ Allergy - Erythro
- ☐ Allergy - Hay Fever
- ☐ Allergy - Latex
- ☐ Allergy - Other
- ☐ Allergy - Penicillin
- ☐ Allergy - Sulfa
- ☐ Allergy -amoxicillin
- ☐ Anemia
- ☐ Arthritis
- ☐ Artificial Joints
- ☐ Asthma
- ☐ Blood Disease
- ☐ Blood Pressure
- ☐ Cancer
- ☐ Chemical Dependency
- ☐ Chronic Sinus
- ☐ Diabetes
- ☐ Dizziness
- ☐ Ear Infections
- ☐ Epilepsy
- ☐ Excessive Bleeding
- ☐ Fainting
- ☐ Glaucoma
- ☐ Head Injuries
- ☐ Heart Disease
- ☐ Heart Murmur
- ☐ Hepatitis
- ☐ HIV
- ☐ Jaundice
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Mental Disorders
- ☐ Mitral Valve Prolaps
- ☐ Nervous Disorders
- ☐ Other
- ☐ Pacemaker
- ☐ Parkinsons Disease
- ☐ Pregnancy
- ☐ Radiation Treatment
- ☐ Respiratory Problems
- ☐ Rheumatic Fever
- ☐ Rheumatism
- ☐ Stomach Problems
- ☐ Stroke
- ☐ Thyroid Condition
- ☐ Tuberculosis
- ☐ Tumors
- ☐ Ulcers
- ☐ Venereal Disease

Winegar Dental, LLC
13367 Isle Drive
Suite 1
Baxter, MN 56425
(218)829-0795
winwin@brainerd.net
winegarwinegar.com



Have there been any changes in your medical history in the last 2 years?

* ◯ Yes ◯ No

Are you currently under the care of a physician?

* ◯ Yes ◯ No

Have you ever had any surgical operation of any kind?

* ◯ Yes ◯ No

Have you been advised by a physician of the need for any type of surgery or treatment?

* ◯ Yes ◯ No

Have you ever had an allergic reaction or been told not to take any medication?

* ◯ Yes ◯ No

Have you ever had an allergic reaction to latex?

* ◯ Yes ◯ No

Are you taking any prescription medications of any kind?

* ◯ Yes ◯ No

Are you taking any over the counter medications of any kind?

* ◯ Yes ◯ No

If yes to any of the above, please list or explain.

Do you use any tobacco products?

* ◯ Yes ◯ No

If yes, what kind and amount? If yes, What kind and amount?