Welcome to Heart of the Brazos Oral & Facial Surgery

Patient Information:

Date:_____________

Name:____ Nickname:______________

Birth Date:_______________________ SS#:________________________________

Cell #:___________________________ Home #: ____________________________

E-Mail:____

Address: ____

____

Dentist:_________________________ Medical Doctor:_______________________

Drivers Lic. #:____________________ Referred by:__________________________

Employer:_______________________ Bus. Phone:__________________________

Who will be responsible for your account payment?

Self Spouse Father Mother Other:_________________________

Name: ____

Birth Date: _______________________ SS#:________________________________

Cell #:___________________________ Home #: ____________________________

E-Mail:____

Address: ____

____

Employer:_______________________ Bus. Phone:__________________________

Spouse or other guarantor information (if different from above)

Name: ____

Birth Date: _______________________ SS#:________________________________

Cell #:___________________________ Home #: ____________________________

E-Mail:____

Address: ____

____

Employer:_______________________ Bus. Phone:__________________________

Dental Insurance? **YES or NO** Medical Insurance? **YES or NO**

Health History:

Reason for visit: ____

Are you in good health? **YES or NO** Height:___________ Weight:_____________

Have there been any changes in your general health in the past year? **YES or NO**

Are you under the care of a physician? Date of last visit? __________ **YES or NO**

If so, for what are you being treated? ____

Have you had any illness, operation or been hospitalized in the past five years?

If so, describe: ____ **YES or NO**

Do you have undealed/recurrent injuries or inflamed areas, growths or sore spots in or around your mouth? **YES or NO**

If so, describe: ____

Do you have a prosthetic joint/implant? **YES or NO**

If so, describe where: ____

Have you had a heart valve replacement or vascular graft? **YES or NO**