

RF RICHARDS FRANKEL DENTISTRY

PATIENT INFORMATION UPDATE

1. Date _____
2. Full Name: Mr., Ms., Mrs., Miss, Dr. _____
3. Date of Birth _____
4. Social Security Number _____
5. HIC/Patient ID Number _____
6. Marital Status (Please circle): Single // Married // Divorced // Widowed
7. Address _____
 - City _____
 - State _____
 - Zip _____
8. Home Phone _____
9. Cell Phone _____
10. Email Address _____
11. Any changes to your health? Please note here _____
12. New allergies? Please note here _____
13. Recent hospitalizations or emergency room visits _____
14. List Current Medications _____

WOMEN ONLY

15. Are you pregnant _____ (Y) (N)
 - Are you nursing _____ (Y) (N)
16. Are you taking birth control pills _____ (Y) (N)
17. Have you reached menopause _____ (Y) (N)
18. Are you undergoing hormone therapy _____ (Y) (N)

DOCTOR'S SUMMARY
