

MICHAEL K DEENIHAN, D. D. S.
 FAMILY AND COSMETIC DENTISTRY

Name _____ Birthdate _____
 Residence _____ Phone _____
 City _____ State _____ Zip _____ Cell _____
 Social Security Number _____
 Occupation _____ Employer _____
 Business Address _____ Phone _____
 Marital Status _____ Spouse's Name _____
 Spouse's Occupation _____ Employer _____
 Business Address _____
 Dental Insurance _____ Primary Carrier _____ Group # _____
 Secondary Carrier _____ Group # _____
 Billing Name _____
 Physician's Name _____ Approximate Date of Last Physical _____
 Who referred you to our office? _____

Medical History: *Have you ever experienced problems with:*

	yes	no		yes	no
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Aids	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Murmurs	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Mitral Valve Prolapse	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged Bleeding	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis, Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	Allergies to any drugs	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Joint Replacement	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
			Previous Dental Care	<input type="checkbox"/>	<input type="checkbox"/>

Have you been hospitalized in the last two years? _____
 Are you currently taking any medications? _____
 (Women) Are you now pregnant or nursing? _____

To the best of my knowledge the above information is true.

148 CENTRAL AVE
 MONTCLAIR N.J. 07042
 (973) 744-9330
 FAX (973) 744-9530
 WWW.DEENIHANDDS.COM

 signature/date