Potsdam Center for Innovative Dental Technologies
Terence M Reed DDS PC
83 Market Street
Potsdam, NY 13676
315-265-3377
www.docreed.com

Get Acquainted Form

Personal Information

Name:
Date of birth: Sex:
Address:

Home phone: Work phone:
Mobile phone: Pager:
Employer: Occupation:
Email address: Social Security #

Spouse/Parent Information

Name:
Address:

Employer: Date of Birth:
Social Security # Work Phone:

Dental Insurance

Carrier name & address;

Group number:
Subscriber number:
Carrier Phone:

Secondary Insurance

Carrier name & address;

Group number:
Subscriber number:
Carrier Phone:

Please give us your main reasons for coming to see us.

Thank You!

HEALTH QUESTIONNAIRE

PLEASE ANSWER EACH QUESTION

	NO	YES		NO	YES	ALLERGY TO:	NO	YES
Poor Health	☐	☐	Artificial joint	☐	☐	Penicillin	☐	☐
Heart or chest pain	☐	☐	Lung Disease	☐	☐	Clindamycin	☐	☐
Herpes	☐	☐	Asthma	☐	☐	Local Anesthetic	☐	☐
Hepatitis	☐	☐	MVP	☐	☐	Codeine	☐	☐
Diabetes	☐	☐	Rheumatic Fever	☐	☐	Aspirin	☐	☐
Heart trouble	☐	☐	Convulsions	☐	☐	Ibuprofen	☐	☐
High blood pressure	☐	☐	HIV positive	☐	☐	Aleve	☐	☐
Kidney disease	☐	☐	AIDS	☐	☐	Other drugs	☐	☐

	NO	YES
Are you pregnant?	☐	☐
Are you under the care of a physician?	☐	☐
Have you ever responded unfavorably to medical or dental care?	☐	☐
Have you been hospitalized in the last five years?	☐	☐
Are you taking a blood thinner?	☐	☐
Are you taking medications?	☐	☐

Please list medications:____________________________

____

____

Print Name______________________________________Signature____________________________________

Date__________________________