Welcome To Appleseed Dental

Joseph Mallouh D.D.S. 23 Mill Street Leominster, MA 01453 (978) 537 - 6106

Thank you for choosing Appleseed Dental for your dental needs. Please complete this form in ink and answer everything to the best of your knowledge. Once completed, please sign and date. If you have any questions or concerns, do not hesitate to ask for assistance, we will be happy to help.

PATIENT INFORMATION;	DAY'S DATE:		
Name:First MI		DOB:	_ Sex: M
Pt. Social. Sec. #: Are you;	Last		
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our Employer (Parent's if minor):		Occupation:	
imployer's Address;	City:	State:	Zip:
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Porcen to contact Inages of amounts	Workplace:	Work	: #: <u> </u>
Your Employer (Parent's if minor): Employer's Address: Are you a college student? Yes No If yes, Where? _ Spouse/ Parent's Name: Person to contact Incase of emergency:		Phone #:	
RESPONSIBLE PARTY:			
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Date:

Signature (Parent if Minor):

Appleaced Dental Eaglesoft Medical History(Copy)(Copy) Date Created: Birth Date:

Patient Name:

Although dental personnel p taking, could have an import	rimarily treat the area tant interrelationship (s in and around your mouth with the dentistry you will re	, your mout eceive. The	h is a par nk you fo	t of your entire body. Health or answering the following que	problems that your stions.	nay have, or medication that y	ou may be	
Are you under a physician'	🖰 Yes 🤅		If yes						
Have you ever been hospitalized or had a major operation?		roperation? Yes () No	Ifyes	a palagon appropriate para an el com se provincia de para portuna de carde este maistra de de carde este este En el composito de la carde este en el carde este este este este este este este es		is data sur-anaparaguaguaguaguaguagu uga barah Spanisha isa i Shin esa y Pilad Medi.	\$1.54 Ar MA PER BOOK	
Have you ever had a serious head or neck injury? Are you taking any medications, pills, or drugs? Do you take, or have you taken, Phen-Fen or Redux? Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?		y? () Yes (() No	If yes					
		? (Yes i	€ No	If yes					
		edux? () Yes (¹ No	If yes					
		or any other Ves	○No	Ifyes	 maple of comment of the comment of the	ayaagabaar oo o go a sababaya dhi g nilo. Aada ah 30 Min iligasan nim	Sanda Jahrella serson (n. est handiskundum sentam selesan terrep seletu, a sentra serjar	Angel greeners in the desired	
Do you use tobacco?			``No						
Do you use controlled substances?		(Yes		If yes	The state of the s			,	
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Women: Are you Pregnant/Trying to get pregnant? Nursing?					Taking oral contraceptives?				
Are you allergic to any of the	: following?	[""Penicillin			Codelne	endere en cap i entre entre en la entre entre en entre entre en entre entre en entre entre en entre entre entre	* Acrylic	and the second of	
: Metal	times to the second sec				Sulfa Drugs		Local Anesthetics	1	
1 tuero:	The second dispersion of all their sections	Ladi			Basis	ng pag pa, projessors — prostantan ban se super la	Man per go and a minor of the constraint of a state of the constraint of the constra	p	
Other?		L		If yes					
Do you have, or have you h	ad, any of the followk	na?				• • • • • • • • • • • • • • • • • • • •		-	
AIDS/HIV Positive	ې Yes (آ۱ No	Radiation Treatments	() Yes	No	Alzheimer's Disease	O Yes O No	Diabetes	O Yes O No	
Hepatitis A,B,C	Ú Yes (ji No	Recent WeightLoss	() Yes	Ç:No	Drug Addiction	Ç(Yes () No	Anxiety	Ç)Yes ⊜No	
Asiemia	⊜Yes ⊜No	Easily Winded	([) Yes	i, ≀No	Rheumatic Fever	ÇiYes ()No	Autism	○Yes ○No	
Emphysema	() Yes () No	High Blood Pressure	() Yes	(No	Arthritis/Gout	Yes 🔘 No	Epliepsy or Seizures	Yes 🕒 No	
High Cholesterol	() Yes ("No	Artificial HeartValve	() Yes	€≯No	Excessive Blaeding	○Yes ○No	Artificial Joint	🔾 Yes 🕠 No	
ADD/ADHD	() Yes () No	Asthma	() Yes	⊜No	Fainting Spells/Dizzness	ÇiYes Ç}No	Kragular Heartbaat	⊕Yes ⊕No	
Sinus Trouble	⊜Yes ⊜No	Blood Disease	() Yes	() No	Frequent Cough	Çi Yesi Çi No	Kidney Problems	Ç) Yes €) No	
Asperger's Syndrome	⊕Yes ⊕No	Blood Transfusion	() Yes	ۻ No	Leukemia	⊕Yes ⊕No	Stomach/Intestinal Disease	Çi Yes (Çi No	
Breathing Problems	() Yes () No	Frequent Headaches	(Yes	🧐 No	Liver Disease	⊕ Yes 🔘 No	Stroke	🔾 Yes 🎺 No	
Low Blood Pressure	⊕Yes ⊕No	Cancer	(Yes	○ No	Lung Disease	() Yes () No	Thyroid Disease	() Yes 👰 No	
Chemotherapy	🔾 Yes Çi No	Mitral Valve Prolapse	🥠 Yes	ı No	Tonsilitis	🗘 Yes 📢 No	Chest Pains	()Yes (₹No	
Heart Attack/Failure	🗘 Yea 🗘 No	Osteoporosis	ې Yes	Ç No	Cold Sores/Fever Blisbers	⊕Yes ⊕No	Pain in Jaw Joints	(Ț) Yes ⊹Ț No	
Tumors or Growths	() Yes (j) No	Congenital Heart Disord	er (ja Yes	ON ()	Heart Trouble/Disease	() Yes () No	Psychiatric Care	(j) Yes (j) No	
Have you ever had any s	erious iliness not list	ed above? 🔾 Yes	() No	If yes	ay agili, anna manamanananan menantuk perbenah an bisan pelebe garahanan dan gerupi anaman kemina penantuk araba kemina kemina	i daga - Nasay saman pamana - Isa mada a sa saman Ingganisangan dagan katan katan katan katan katan bangan bangan bangan bangan bangan bangan bangan bangan bang	n, å pppind op 14 ppindesse – breake type 16 to 14 met 17 met Dependen op 1 februari geligsplagsplagsplags 1 der skale vært særende skale skale væren 18 met 17 met 17 met 1	THE STREET, S. P. P. S.	
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To the best of my knowledg responsibility to inform the d Signature of Patient, Pare	iental office of any ch	is form have been accurate anger in medical status.			rstand that providing incorrec		dangerous to my (or patient's) health, It is my	
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