Dr. Jeffrey Anzalone Periodontics
1606 Royal Avenue - Monroe, LA – 71201 - 318-998-3027

Name:_____ Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Work:_____ Cell:_____

Date of Birth:_____ SS#:_____

Contact in Case of Emergency:_____ Phone:_____

Referring Dentist:_____

Dental Insurance: Name of Policy Holder:_____ Relationship:_____

Employer of Policy Holder:_____

Date of Birth of Policy Holder:_____ SS#:_____

Insurance Carrier (Name):_____ Group#:_____

Physician's Name:_____ Phone:_____

Date of Last Physical:_____

Are you now or have you recently been under a physician's care? ( )Yes ( )No

Reason:_____

Check ( ) if you had any of the following:

(☐)Anemia
(☐)Abnormal Bleeding
(☐)Abnormal Heart Condition
(☐)Artificial Heart Valve
(☐)Artificial Joint
(☐)Arthritis
(☐)Asthma or Hay Fever
(☐)Blood Transfusion
(☐)Cancer
(☐)Chemotherapy
(☐)Chest Pain
(☐)Diabetes
(☐)Drug or Alcohol Addiction
(☐)Epilepsy or Seizures
(☐)Fainting Spells
(☐)Frequent Thirst or Urination
(☐)Glaucoma
(☐)Heart Attack
(☐)Heart Murmur
(☐)Heart Pace Maker
(☐)Heart Surgery
(☐)Hemophilia
(☐)Hepatitis (☐)A (☐)B (☐)C
(☐)High (☐)Low Blood Pressure
(☐)Immune Deficiency
(☐)Kidney or Bladder Trouble
(☐)Latex Allergy
(☐)Liver Disease
(☐)Lung Disease
(☐)Mitral Valve Prolapse
(☐)Neurological Disorder
(☐)Osteoporosis
(☐)Pneumonia
(☐)Radiation Therapy
(☐)Rheumatic Fever
(☐)Severe Headaches
(☐)Shortness of Breath
(☐)Sinus Trouble
(☐)Stomach Ulcers
(☐)Stroke
(☐)Thyroid Disease
(☐)Tuberculosis
(☐)Tumor/Malignancy
(☐)Other:_____
_____

Have you taken Biphosphonates or any bone density inducing drug?
(Actonel, Boniva, Fosamax, etc.) (☐)Yes (☐)No If yes, which one?_____

List drug allergies, if any:_____

List medications you are currently taking, if any:_____

Chief complaint: (What dental problems have resulted in your referral to this office?)

_____

Women only: Are you pregnant?_____ How many months?_____ Are you breast feeding?_____

Are you presently taking birth control pills or hormones?_____

I have reviewed the information on this questionnaire and it is accurate to the best of my knowledge.

Signature:_____ Date:_____