

Welcome to our office...

DATE _____

GET-ACQUAINTED CARD

Patient's Name _____ Female _____ Male _____ Birthdate _____ Age _____
Mo. Day Year

Name of Parents (if child) _____

Name of Spouse in Full _____

Residence Address _____

Town _____ Telephone _____
Zip _____

Head of Household Employed by _____ Occupation _____

Wife or Mother Employed by _____ Occupation _____

Business Address _____

Town _____ Telephone _____ Ext. _____

Purpose of this visit: _____

Referred by _____

Dental Insurance: Yes _____ No _____

Company _____

Employee's Social Security Number: _____

Medicaid: Yes _____ No _____

Medicaid Number _____

How are you planning to pay for this visit! (We do not bill)

Cash _____ Charge Card _____ Check _____ Dental Insurance _____ Medicaid _____

If by check, your driver's license: State _____ Number _____

PLEASE ANSWER EACH QUESTION

Table with 3 columns of questions and checkboxes for 'NO' and 'YES' answers. Questions include: Poor health, Recent illness, Recent cough or cold, Nose obstruction, Heart or chest pain, Frequent swollen ankles, Facial x-ray treatment, Cortisone or ACTH, Bleeding tendency, High blood pressure, Tuberculosis, Diabetes, Heart trouble, Kidney disease, Liver disease, Lung disease/Pneumonia, Asthma, Bronchitis, Rheumatic fever, Convulsions, Hepatitis, HIV Positive, Anemia, Allergy to: Penicillin, Sulfa, Novocaine, Codeine, Aspirin, Barbiturates (sleeping pills), Other drugs.

Physicians Name _____

Date of Last Physical Examination _____ Reason _____

Patient Signature _____