Jeffrey Dressel DDS
South Brooklyn Dentist

Dentistry for Adults & Adolescents

southbrooklyndentist.com

62 2nd Place, Brooklyn, NY 1123

Phone: 718.625.7147

## GENERAL INFORMATION

| **Title** (Please circle one): Dr. Mr. Mrs. Ms. | **Marital Status**: Single/ Married/ Divorced/ Widowed/ Other |
|---|---|

**First Name:** ______ **Last Name:** ______

**Address:** ______

**City, State, Zip:** ______

**Home Telephone:** ______ **Work Telephone:** ______

**Cellular Telephone:** ______ **Email Address:** ______

**Preferred Contact Method:** ______

**Occupation:** ______ **Employer:** ______

**Referred by:** ______

**Family Physician Name & Telephone:** ______

## PERSONAL

**Date of Birth:** ______ **Age:** ______

**Social Security No:** ______ **Weight:** ______

## DENTAL INSURANCE INFORMATION

**Subscriber's Name:** ______ **Subscriber's Social Security No:** ______

**Subscriber's Date of Birth:** ______ **Subscriber's Employer:** ______

**Insurance Carrier:** ______ **Phone Number:** ______

**Subscriber/Member ID:** ______ **Group Number:** ______

**Relationship to Subscriber:** ______

## IN CASE OF EMERGENCY

**Name & Relationship to Contact:** ______

**Telephone Number:** ______

## MEDICAL INFORMATION

| | | |
|---|---|---|
| **Are you in good health?** | **Y** | **N** |
| **Has there been any change in your general health in the past year?** | **Y** | **N** |
| **Do you smoke? How Much?** | **Y** | **N** |
| **Have you had any serious illness, operations, or hospitalizations?** | **Y** | **N** |
| **Have you ever had intravenous sedation or general anesthesia?** | **Y** | **N** |
| **Were there adverse effects?** | **Y** | **N** |

## DO YOU HAVE?

| | | |
|---|---|---|
| **Diabetes** | **Y** | **N** |
| **Liver Disease (jaundice, hepatitis)?** | **Y** | **N** |
| **Cardiovascular disease (chest pain, heart trouble, heart attack, coronary artery disease, high blood pressure, stroke, palpitations, heart surgery, angioplasty, pacemaker)?** | **Y** | **N** |
| **Lung Disease (asthma, emphysema, chronic cough, bronchitis, pneumonia, TB, shortness of breath, severe cough)?** | **Y** | **N** |
| **Neurological Disorders (seizure, epilepsy, fainting, dizziness, nervous disorder)?** | **Y** | **N** |
| **Blood disease (HIV/ AIDS, anemia, blood transfusion, do you bruise easily)?** | **Y** | **N** |
| **Heart disease that was detected at birth?** | **Y** | **N** |
| **Kidney Disease?** | **Y** | **N** |
| **Rheumatic fever or Rheumatic heart disease?** | **Y** | **N** |
| **Thyroid Disease (hypothyroidism, tumor)?** | **Y** | **N** |
| **Arthritis (which joints)?** | **Y** | **N** |
| **Stomach ulcers or intestinal problems?** | **Y** | **N** |
| **Glaucoma?** | **Y** | **N** |
| **Frequent or recurring mouth sores?** | **Y** | **N** |
| **Implants/ artificial joints anywhere in your body?** | **Y** | **N** |
| **Radiation (x-ray treatment for cancer) in the head or neck region?** | **Y** | **N** |
| **Noises in jaw joint, pain near ear when chewing, do you grind or clench your teeth?** | **Y** | **N** |
| **Sinus or nasal problems?** | **Y** | **N** |
| **Any disease, drug or transplant operation that has depressed your immune system?** | **Y** | **N** |
| **Recurrent infections of any kind? If yes, please list:** | **Y** | **N** |

## ALLERGIES

| | | |
|---|---|---|
| Penicillin? | Y | N |
| Latex? | Y | N |
| List other allergies here: | Y | N |

## ADDITIONAL INFORMATION

| | | |
|---|---|---|
| Are you taking birth control pills? | Y | N |
| Are you pregnant, trying to become pregnant, or any chance you might be pregnant now? | Y | N |
| Are you breast feeding? | Y | N |
| Are you taking hormone replacement? | Y | N |
| Do you have a dental problem that require immediate attention? | Y | N |
| Do your gums bleed? If so, describe: | Y | N |
| Have you noticed any loose teeth? Describe: | Y | N |
| Have you had previous periodontal treatment? Describe: | Y | N |
| Have you ever had orthodontic treatment (braces): | Y | N |

## PLEASE LIST ALL CURRENT MEDICATIONS HERE

## PATIENT AUTHORIZATION

**ALL MAJOR PPO INSURANCES ARE ACCEPTED TOWARDS PAYMENT.**

**DR. DRESSEL IS ONLY IN NETWORK WITH DELTA DENTAL.**

**IT IS IMPORTANT TO REMEMBER THAT YOUR DENTAL BENEFITS ARE DETERMINED BY YOUR EMPLYER, YOU, AND YOUR INSURANCE COMPANY, YOUR BENEFITS ARE SUBJECT TO CHANGE. YOU ARE RESPONSIBLE FOR ALL CHAGES NOT COVERED BY YOUR INSURANCE COMPANY.**

SIGNATURE: ______________________________ DATE: ________________