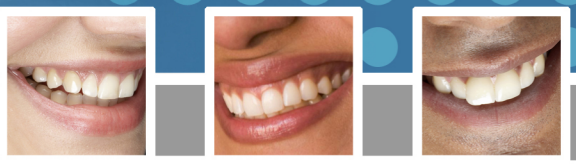
Palm Springs Dental Practice
2150 E. Tahquitz Canyon Way
Suite 2
Palm Springs CA 92262
(760)416-1003
officemanager@psdentist.com
www.psdentist.com



Patient Information

Patient Name:* Last * First MI Preferred Name

Address:

City State Zip Code

Phone: Home Work Ext Mobile Best time to call:

Name of Insured: Last First MI

Patient's relationship to insured: ◯ Self ◯ Spouse ◯ Child ◯ Other

Insurance Plan Name:

Health History

Please list any medications you are currently taking

Please list all allergies

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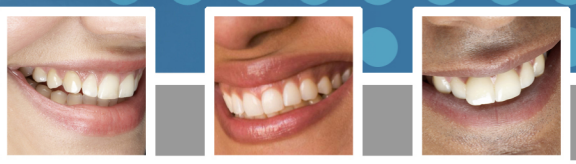

Patient Name: Last | First | MI | Preferred Name

Check ALL that apply

Allergies	Anemia	Arthritis	Artificial Heart Val
Artificial Joints	Asthma	Back Problems	Bleeding abnormally
Blood Disease	Cancer	Chemical Dependency	Codeine Allergy
Cortisone Treatments	Diabetes	Dizziness	Emphysema
Epilepsy	Excessive Bleeding	Glaucoma	Growths
Hay Fever	Head Injuries	Headaches	Heart Disease
Heart Murmur	Heart problem	Hepatitis A	Hepatitis B
Hepatitis C	Hepatitis D	Herpes	High Blood Pressure
HIV AIDS	Jaundice	Jaw Pain	Kidney Disease
Lidocaine	Liver Disease	Low Blood Pressure	Mental Disorders
Mitral Valve Prolaps	Nervous Disorders	None	Other
Pacemaker	Penicillin Allergy	Pregnancy	Pre-Medicate
Psychiatric Care	Radiation Treatment	Respiratory Problems	Rheumatic Fever
Scarlet Fever	Shortness Of Breath	Sinus Problems	Skin Rash
Stomach Problems	Stroke	Thyroid Problems	Tonsillitis
Tuberculosis	Tumors	Ulcers	Venereal Disease

* By Checking this box. I acknowledge that I have read this statement and agree to the contents.

Signature

Response Date: