



Patient History

Name _____ Age _____ Birthday _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ E-mail _____

Occupation _____ Employer _____ Business Address _____ Business Phone _____

Spouse's Name _____ Occupation _____ Employer _____

Business Address _____ Business Phone _____

If Patient is a minor give name of legal guardian _____

Main Problem _____

When did this start _____

Secondary Problem _____

When did this start _____

Any other health issues in chronological order _____

How is your digestion? Please explain. _____

Female History

Age of first menses _____ Age of Menopause _____

PMS _____

Ever take the Birth control pill _____

Current Medications and how long on each _____

Past Medical History? Surgeries/ Accidents/ Illness _____

Health Habits

Vitamin Supplements _____

Cigarettes _____ Year you started smoking _____ How many/day _____

Coffee _____ Tea _____ Water intake daily _____

Alcohol and frequency _____

Recreational Drugs _____

Sodas _____

When was the last time your teeth were cleaned? _____

Do you usually get them cleaned every 6 months? _____

Do you sleep well? _____

Explain if necessary _____

How many hours/night _____

Do you wake up in the middle of the night? _____

Allergies: Mark an "X" to all that apply

Medications:

Penicillin or other antibiotics _____
Morphine, Codeine/narcotics _____
Novocaine / anesthetics _____
Aspirin/pain remedies _____
Sulfa drugs _____
Tetanus antitoxin _____
Adhesive tape _____
Cortisone _____
Anti-inflammatory _____
Anti-coagulants _____
Tranquilizers _____
Blood pressure medication _____

Seasonal:

Pollens _____
Trees _____
Grasses _____
Flowers _____
Dust _____
Smog _____
Mold _____
Other _____
Other _____

Foods:

Dairy/Milk _____
Eggs _____
Soy _____
Wheat _____
Tomatoes _____
Bell peppers _____
Peanuts _____
Nuts _____
Chocolate _____
Wine _____
Other _____
Other _____

We Supply itemized statements for insurance purpose. Please let us know before you see Majid or Ahnjel if you will need a statement.

Please be considerate of other patients, Majid and Ahnjel, and notify us at least 24 hours in advance of any cancellation. This is our standard office policy to avoid being charged for the office visit if notification is not given.

I understand that total payment of the fees for service performed by Majid or Ahnjel Ali is my responsibility and not that of the insurance company.

I understand that if there is any legal issues with my treatment in this office that it will go to arbitration.

Signature _____ Date _____

Who referred you? _____