REGINALD PETTAWAY, D.D.S.
Esthetic & General Dentistry
9850 Key West Avenue, Suite 308
Rockville, MD 20850
(301) 217-9700
DrReginaldPettaway.com

Chart#:_____
FOR OFFICE USE ONLY

Patient Information

Patient Name:_____Date:___/_____/_____
Last, First MI (Preferred Name)
Gender:_____ Family Status:_____
Social Security#:_____ Birth Date:_____
Phone (Home):_____(work):_____ Ext:_____ E-mail:_____
Address:_____
Street Apt#
_____
City State Zip Code

Health Information

Date of Last Dental Visit:_____ Reason for this visit:_____

Have you ever had any of the following? Please check those that apply:

☐ AIDS	☐ Diabetes	☐ Jaundice	☐ Stomach Problems
☐ Codeine Allergy	☐ Dizziness	☐ Kidney Disease	☐ Stroke
☐ Penicillin Allergy	☐ Epilepsy	☐ Liver Disease	☐ Tuberculosis
☐ Sulfa Allergy	☐ Excessive Bleeding	☐ Mental Disorders	☐ Tumors
☐ Latex Allergy	☐ Fainting	☐ Nervous Disorders	☐ Ulcers
☐ Allergy _____	☐ Glaucoma	☐ Pacemaker	☐ Venereal Disease
☐ _____	☐ Growths	☐ Pregnancy	
☐ Anemia	☐ Hay Fever	Due Date:_____	Other:_____
☐ Arthritis	☐ Head Injuries	☐ Radiation Treatment	☐ _____
☐ Artificial Joints	☐ Heart Disease	☐ Respiratory Problems	☐ _____
☐ Asthma	☐ Heart Murmur	☐ Rheumotic Fever	
☐ Blood Disease	☐ Hepatitis	☐ Rheumatism	
☐ Cancer	☐ High Blood Pressure	☐ Sinus Problems	

-Have you ever had any complications following dental treatment? ☐ Yes ☐ No
If yes, please explain:_____
-Have you been admitted to a hospital or needed emergency care during the past two years? ☐ Yes ☐ No
If yes, please explain:_____
-Are you now under the care of a physician? ☐ Yes ☐ No
If yes, please explain:_____
-Name of Physician:_____Phone:_____
-Do you have any health problems that need further clarification? ☐ Yes ☐ No
If Yes, Please explain:_____
To the best of my knowledge, all of the preceding answers and information provided are true and correct. If I ever have any change in my health, I will inform the doctor at the next appointment without fail.

_____ Date:_____
Signature of patient, parent or guardian

Referral Information

Who may we thank for referring you to our practice? ☐Another patient, friend ☐Another patient, relative ☐Dental office ☐Yellow Pages ☐Newspaper ☐Web Site ☐TV ☐School ☐Work Other_____