

# Sparkling Smiles of Asheboro

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**NAME:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**PHONE NUMBERS:** Home \_\_\_\_\_ Cell \_\_\_\_\_

**MEDICAL HISTORY**

Please Circle Appropriate Response:

NO YES Are you in good general health?  
NO YES Are you taking any MEDICATIONS?  
Which ones? \_\_\_\_\_  
\_\_\_\_\_

NO YES Are you ALLERGIC to any medications?  
Which ones? \_\_\_\_\_

LATEX Allergy? \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

NO YES Would you object to us contacting your  
family doctor in regard to any  
medical problem that may arise?

**DENTAL HISTORY**

When was your last visit to the dentist?  
\_\_\_\_\_

What is your major concern today?  
\_\_\_\_\_  
\_\_\_\_\_

TMJ /Grinding Habits?  
\_\_\_\_\_  
\_\_\_\_\_

**HAVE YOU HAD:**

NO YES High Blood Pressure  
NO YES Liver, gallbladder problems  
NO YES "Yellow Jaundice", Hepatitis problems  
NO YES Heart trouble  
NO YES Heart Murmur  
NO YES Pacemaker  
NO YES Diabetes  
NO YES Kidney disease  
NO YES Bleeding tendency or excessive bruising  
NO YES Psychiatric consultation  
NO YES Epilepsy-convulsions or seizures  
NO YES Broken bones of the face, neck, jaw  
NO YES Back trouble  
NO YES Anemia  
NO YES Asthma  
NO YES Nervous condition  
NO YES Tuberculosis  
NO YES Thyroid problems  
NO YES Tobacco Products  
NO YES Herpes or Cold Sores  
NO YES HIV/AIDS  
NO YES Any other illnesses. If so please list:  
\_\_\_\_\_  
\_\_\_\_\_

NO YES ARE YOU PREGNANT?  
DUE DATE? \_\_\_\_\_

*The above information is strictly confidential*

Patient Signature/ Gaurdian Signature \_\_\_\_\_

Date \_\_\_\_\_



Please sign below to acknowledge that you have read our HIPPA Privacy Policy and tell us who, if anyone, you would like to have information released to.

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Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Printed Name \_\_\_\_\_

Person(s) to release information: \_\_\_\_\_

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In an effort to confirm appointments for you to continue your care here at Sparkling Smiles, we will sometimes need to call the phone numbers you have listed on your patient information form. If we are not able to confirm your appointment, and you miss 3 appointments, it may be necessary to dismiss you from our practice so that you will be able to seek your dental care elsewhere.

Please tell us the best way to contact you and confirm your appointments:

\*Recommended

- You may call the numbers listed and leave a message containing the time, date, and location of my appointment, including mailing 6 month cleaning reminder cards.**

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- You may call the numbers listed and request that I call back for time, date, and location of my appointment
  - You may not contact me to confirm a dental appointment

Thank you for your help in creating a Sparkling Smile that will last a lifetime!