## Florissant Dental Care 1265 Graham Rd Florissant, MO 63031

## **Medical History**

Nam	ne:	First		MI	Sex: M F	Date of Birth://	
Add	lress:				one:		
City: State: Zip:							
Primary Insurance Information							
Name of Insurance:			Member ID:			Group #:	
Ins Phone Number: Insured Social Security #:							
Ins Address:							
City State ZIP							
Have you ever had or do you have now a problem with:							
		Eating Disord Eye Disease, Gallbladder Hay Fever (R Head Injury Headache (R Heart Diseas Hepatitis/Jau Hernia / Rup High Blood P	ble /Hearing Loss		ches , Infectious Counseling er Measles)	Sickle Cell Trait/AnemiaSinus TroubleSkin Problems (Chronic)Sleep ProblemsSmoking (How long?)Suicide AttemptSurgeryThyroid DiseaseTuberculos isUrinary Tract InfectionOther	
If none of the above applies, check here:  Describe answers above with dates:  If none of the above applies, check here:  Describe answers above with dates:							
	List Drug Allergies:		Date of last Physical Exam: Height: Weight: While at MSSU will you need Allergy Shots? (If "yes" bring written instructions from your physician)		Medicatio	List Current Medications:	