



Pinole Valley ORTHODONTICS

DR. KAMILAH SANFORD

2830 Pinole Valley Rd. Ste C --- Pinole, CA, 94564 --- PH # (510) 275-3200

1. NEW PATIENT

Name: _____
First Mi Last

Birthdate: _____ Gender: _____

Single Married Widowed Divorced Separated

Cell: _____ Email: _____

Address: _____

City State Zip

Employer: _____

Position: _____

Work Phone # _____ ext _____

Who may we thank for referring you to our office?

Other family members seen by us?

In the event of an emergency, who may we contact?

Name: _____ #: _____

Relation: _____

2. INSURANCE

Insurance Co _____

Member ID # or SSN _____

Group # _____ Ph # _____

Insured's Name: _____

Insured's D.O.B: _____ Relation to pt _____

Insured's Employer _____

3. MEDICAL HISTORY

Physician's Name: _____

Phone #: _____

Are you currently under care of a physician?

Yes No

Please explain: _____

Are you taking any prescription/over the counter drugs?

Yes No

Please list each one: _____

For women:

Are you taking birth control pills? Yes No

Are you pregnant? Yes No

How far along? Weeks / Months # _____

Are you nursing? Yes No

Have you ever had any of the following disease or medical problems?

Yes No ADD/ADHD

Yes No Anemia/Radiation Treatment

Yes No Anxiety

Yes No Artificial Bones/Joints

Yes No Artificial Valves

Yes No Asthma/Arthritis

Yes No Autism

Yes No Blood Transfusions

Yes No Cancer/Chemotherapy

Yes No Congenital Heart Defect

Yes No Depression

Yes No Diabetes/Tuberculosis

Yes No Difficulty Breathing

Yes No Drug/Alcohol Abuse

Yes No Eating Disorder

Yes No Emphysema/Glaucoma

Yes No Epilepsy/Seizure/Fainting Spells

Yes No Fever Blisters/Herpes

Yes No Heart Attack/Stroke

Yes No Heart Murmur

Yes No Heart Surgery/Pacemaker

Yes No Hemophilia/Abnormal Bleeding

Yes No Hepatitis

Yes No High/Low Blood Pressure

Yes No HIV +/-AIDS

