



TriMark Dental Clinic, LLP



Mark Karrels DDS Patricia Lyons DDS Tonya Wason DDS Eric Popp DDS

2130 Kennedy Road Janesville, WI 53545 608-752-7452

www.TriMarkDental.com

Date ____/____/____ Birthdate _____ Age ____

Patient's Full Name _____

Home Address _____ City _____ State _____ Zip _____

E-Mail Address _____ Are you? Single ___ Married ___

SS# ____-____-____ Cell # _____ Home phone _____ Work Phone _____

Employer's Name _____ Address _____

Dental Insurance Co. _____ Address _____ Group# _____

Spouse's Name _____ Birthdate _____ Spouse's SS# ____-____-____

Spouse's Employer _____ Address _____

Spouse's Dental Ins. Co. _____ Address _____ Group# _____

Medical History

Physician's Name _____ Clinic _____ City _____

Are you in good health? ___ Yes ___ No Pharmacy _____

Do you take medication for anything? ___ Yes ___ No List medicines: _____

Are you allergic to any drugs? ___ Yes ___ No If so, what? _____

Is there any health condition we should know about? ___ Yes ___ No If so, What? _____

Circle if you have ever had any of the following:

- | | | | |
|--|----------------------------|-------------------------|-------------------|
| Hepatitis | Heart Murmur | Kidney Disease | Liver Disease |
| Artificial Joint | Thyroid Problems | Lupus | Smoker |
| MRSA | Diabetes | Fainting | Asthma |
| Mitral Valve Prolapse w/ regurgitation | Rheumatic Fever | Malignancy | Epilepsy/Seizures |
| HIV Positive | High/Low Blood Pressure | TB | Arthritis |
| Bleeding Problems | Heart Disease | Radiation Therapy/Chemo | Glaucoma |
| Heart Attack/Stroke | Females: Are you Pregnant? | Anemia | Other _____ |

Dental History

How long since your last dental appointment? _____

Please circle:

- | | | |
|------------------------------|---|---------------------------|
| Sensitive or painful teeth | Bleeding gums | Swelling or lump in mouth |
| Clenching or grinding teeth | Pain in or near ears | Clicking in jaw joints |
| Reaction to local anesthetic | Are you happy with the appearance of your teeth? ___ Yes ___ No | |

Who referred you to this office? We'd like to thank them! _____

Signature _____

Date _____