



# Endodontic Specialists

Dr. Sandra Madison DDS, MS, PLLC Dr. Jessica Barr DDS, MS, PA

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (Please indicate if we may leave a message regarding your care)

Home \_\_\_\_\_ Message: Yes  No  Work \_\_\_\_\_ Message: Yes  No

Mobile \_\_\_\_\_ Message: Yes  No

Employer \_\_\_\_\_ Referred By \_\_\_\_\_

Spouse / Partner's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Who, if anyone, may we speak to regarding your endodontic care? \_\_\_\_\_

## Health History

Have you been in the care of a medical doctor during the past two years? Yes  No

If yes, for what reason? \_\_\_\_\_ Physician \_\_\_\_\_

List all medications and dosages you are currently taking \_\_\_\_\_

Are you allergic to any drugs or medications? Yes  No  Please list \_\_\_\_\_

Are you allergic to Latex or household bleach? Yes  No  Check which one(s): Latex  Bleach

Have you had any problems with dental anesthetics, which are used to numb teeth? Yes  No

Please state problem \_\_\_\_\_

**Women:** Are you pregnant? Yes  No  How many months are you? \_\_\_\_\_

Are you taking birth control? Yes  No

**Note: Antibiotics may render birth control pills ineffective.  
An alternative form of birth control is advised**

Recreational drugs/alcohol may interact with medications used during the dental procedure. Please inform Dr. Madison or Dr. Barr if this is a consideration.