KIMBERLY SWANSON, RDHAP Registered Dental Hygienist in Alternative Practice #1009

951.267.7727 kswansonrdhap@gmail.com

## **PATIENT INFORMATION**

Patient Name	Please Print Dr.	Mr.	Mrs.	Ms.					
City, State, Zip Code	Patient Name						Date of Birth		
Physician's Name	Home Address						Phone Number		
Physician's Address Facility Name	City, State, Zip Code						SS#		
Physician's Address Facility Name	Physician's Name						Phone Number		
Facility Name									
Pharmacy Name Pharmacy Name Phone Number Pharmacy Address  Dentist's Name Phone Number Pharmacy Address  Date of Last Dental Exam Last Dental Cleaning Phone Number Name of person who referred you Phone Number Phone Number Phone Number Phone Number Phone Number Phone Number Name of person who referred you Phone Number Name of									
Pharmacy Name Phone Number  Pharmacy Address  Dentist's Name Phone Number  Dentist's Address  Date of Last Dental Exam Last Dental Cleaning Phone Number  Name of person who is responsible for medical and health related decisions  Address Phone Number  Ph							Thore Number		
Pharmacy Address Dentist's Name	Facility Address								
Dentist's Name	Pharmacy Name						Phone Number		
Date of Last Dental Exam	Pharmacy Address								
Date of Last Dental Exam	Dentist's Name						Phone Number		
Date of Last Dental Exam	Dentist's Address								
Address									
Name of person who referred you  Payment Information  At Kimberly Swanson RDHAP, we are determined to charge fair and reasonable fees for our unique service. We work on a Fee-For-Service basis and payment is charged directly to the patient. Payment is required the day treatment is rendered. We are not contracted with with any PPO plans are not a provider of Medical, Hedicaid, HMO or DIMO. We accept Venno, Zelle, and most credit cards.  Health History  Certain illness and medications may indicate an alteration to your treatment. In order to provide the best and safest possible care, pless complete the following:  Antibiotic Premedication  Prior to Dental Treatment  Alteratment  Joint Replacement  Joint Repla	_								
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Complete the following:  Antibiotic Premedication Prior to Dental Treatment Y N Date of most recent Date of most recent Joint Replacement Y N Pacemaker Y N Ulcers Y N Date of Surgery HIV Y N Head Injuries Y N Date of Surgery N HIV Y N Head Injuries Y N Seizures / Epilepsy / Y N Substance Abuse Y N Women only: Are you pregnant or nursing? Y N Seizures / Y N Seizures / Excessive bleeding Y N Please list any other health issues or concerns that are not listed above:  COPD Y N Mental Disorders Y N Please list any other health issues or concerns that are not listed above:  COPD Y N Mental Disorders Y N Penicillin Y N Are you allergic to any of the following Heart Disease Y N N Nervous Disorders Y N Penicillin Y N N Parkinson's Disease Y N Sulfa drugs Y N Tetracycline Y N Dental anesthetic Y N N High Blood Pressure Y N Radiation Treatment Y N Aspirin Y N Latex Y N N Latex Y N N	contracted with with any			a provider of Medical, Medic	aid, HM				
Prior to Dental Treatment Y N Pacemaker Y N Ulcers Y N Date of most recent Y N Pacemaker Y N Ulcers Y N Date of Surgery HIV Y N Head Injuries Y N Date of Surgery N Arthritis or Joint Pain Y N Seizures / Epilepsy / Y N Substance Abuse Y N Seizures / Epilepsy / Y N Substance Abuse Y N Pengenant or nursing? Y N Please list any other health issues or concerns that are not listed above:  COPD Y N Mental Disorders Y N Substance Abuse Y N Are you allergic to any of the following Heart Disease Y N Nervous Disorders Y N Penicillin Y N Sulfa drugs Y N Sulf		ations	may indicate	e an alteration to your treatme	ent. In o	rder to pro	ovide the best and safest pos	sible ca	are, pleas
Doint Replacement	Antibiotic Premedication Prior to Dental Treatment	Y	N		Υ	N		-	
Diabetes Y N Arthritis or Joint Pain Y N Seizures / Epilepsy / Y N Diet Drug Y N Osteoporosis Y N Fainting  Kidney Disease Y N Liver Disease Y N Substance Abuse Y N Women only: Are you pregnant or nursing? Y N Please list any other health issues or concerns that are not listed above:  COPD Y N Mental Disorders Y N Please list any other health issues or concerns that are not listed above:  Shortness of Breath Y N Alzheimer's Disease / Y N Penicillin Y N Penicillin Y N Penicillin Y N Mitral Valve Prolapse Y N Cancer Y N Dementia Y N Dental anesthetic Y N Pleast later of the following N N Pert Aspirin Y N Penicillin Y N Pert N Penicillin Y N Peni	Joint Replacement		N		Υ	N		Υ	N
Diet Drug Y N Osteoporosis Y N Fainting  Kidney Disease Y N Liver Disease Y N Substance Abuse Y N  Hives or Rash Y N Hepatitis Y N Women only: Are you pregnant or nursing? Y N  Rheumatic Fever / Rheumatism Y N Excessive bleeding Y N Please list any other health issues or Asthma Y N Glaucoma Y N COPD Y N Mental Disorders Y N  Shortness of Breath Y N Alzheimer's Disease / Y N  Autoimmune Disorder Y N Dementia  Heart Disease Y N Nervous Disorders Y N Penicillin Y N N  Heart Murmur Y N Parkinson's Disease Y N Sulfa drugs Y N Mitral Valve Prolapse Y N Radiation Treatment Y N Aspirin Y N Heart Attack Y N Chemotherapy Y N Erythromycin Y N Hattack Y N Chemotherapy Y N Erythromycin Y N N Hattack Y N N Chemotherapy Y N Latex Y N	Date of Surgery						=	Υ	N
Kidney Disease Y N Liver Disease Y N Substance Abuse Y N Hives or Rash Y N Hepatitis Y N Women only: Are you pregnant or nursing? Y N Rheumatic Fever / Rheumatism Y N Excessive bleeding Y N Please list any other health issues or Asthma Y N Glaucoma Y N Copp Y N Mental Disorders Y N Shortness of Breath Y N Alzheimer's Disease / Y N Autoimmune Disorder Y N Dementia Heart Disease Y N N Nervous Disorders Y N Penicillin Y N Heart Murmur Y N Parkinson's Disease Y N Sulfa drugs Y N Mitral Valve Prolapse Y N Radiation Treatment Y N Aspirin Y N Heart Attack Y N Chemotherapy Y N Erythromycin Y N Heart Murder Y N Chemotherapy Y N Erythromycin Y N Heart Attack Y N Times of Breath Y N Erythromycin Y N Radiator Disease Y N Erythromycin Y N Radiator Treatment Y N Aspirin Y N Radiator Treatment Y N Aspirin Y N Radiator Y N Latex Y N					-			Υ	N
Hives or Rash Y N Hepatitis Y N Women only: Are you pregnant or nursing? Y N Rheumatic Fever / Rheumatism Y N Excessive bleeding Y N Please list any other health issues or Asthma Y N Glaucoma Y N concerns that are not listed above:  COPD Y N Mental Disorders Y N Shortness of Breath Y N Alzheimer's Disease / Y N Autoimmune Disorder Y N Dementia Heart Disease Y N Nervous Disorders Y N Penicillin Y N Heart Murmur Y N Parkinson's Disease Y N Sulfa drugs Y N Mitral Valve Prolapse Y N Radiation Treatment Y N Aspirin Y N Heart Attack Y N Chemotherapy Y N Erythromycin Y N Heart Attack Y N Chemotherapy Y N Erythromycin Y N Hattack Y N Tetracid Disease Y N Erythromycin Y N Latex	· ·	-		•			Substance Abuse	Υ	N
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Shortness of Breath Y N Alzheimer's Disease / Y N Are you allergic to any of the following Are you allergic to any of the following Heart Disease Y N N Penicillin Y N Heart Murmur Y N Parkinson's Disease Y N Sulfa drugs Y N Mitral Valve Prolapse Y N Cancer Y N Dental anesthetic Y N High Blood Pressure Y N Radiation Treatment Y N Aspirin Y N Heart Attack Y N Chemotherapy Y N Erythromycin Y N Latex Y N	COPD	Υ	N						
Autoimmune Disorder Y N Dementia  Heart Disease Y N Nervous Disorders Y N Penicillin Y N  Heart Murmur Y N Parkinson's Disease Y N Sulfa drugs Y N  Mitral Valve Prolapse Y N Cancer Y N Dental anesthetic Y N  High Blood Pressure Y N Radiation Treatment Y N Aspirin Y N  Heart Attack Y N Chemotherapy Y N Erythromycin Y N  Thereid Disease Y N Erythromycin Y N  Latex Y N	Shortness of Breath	Υ	N						
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High Blood Pressure Y N Radiation Treatment Y N Aspirin Y N Heart Attack Y N Chemotherapy Y N Erythromycin Y N Thomaid Biogeography Y N Latex Y N				Cancer					
Heart Attack Y N Chemotherapy Y N Erythromycin Y N Latex Y N	•								
Thursd Bissess Y N	-								
	Date of most recent	1	IN	Thyroid Disease	Υ	N	Latex Other:	Υ	N

## KIMBERLY SWANSON, RDHAP

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## **PATIENT INFORMATION - CONTINUED**

Please list any medications you currently take (including presc drugs):	cription and over the counter, vitamins, supplements or recreational
Patient Consent: I agree to the release of my medic	cal/dental information to Kimberly Swanson RDHAP.
Patient/Guardian Signature:	Date:

Please return signed copy to Kimberly Swanson at email: kswansonrdhap@gmail.com