

Dr. Rene Aviles DMD, PA
870 SW Martin Downs Blvd. Ste:1
Palm City, Fl. 34990
772-283-6881 office

Date: _____ **Please circle:** Male Female Other ___ Married ___ Single ___ Other

First Name _____ Last Name _____ SSN# _____

Address _____ City _____ State: _____ Zip _____

DOB: ____/____/____ AGE: _____ Email Address: _____

Cell Phone # _____ Home # _____ Other # _____

Reason for visit _____ Referred by: _____ Previous Dentist: _____

Primary Care Physician's Name: _____ Phone# _____

Pharmacy name that we should call in prescriptions: _____ Ph# _____

☐ Check box to **Accept** appointment reminders via **email &/or Text** ☐ Check box to **Decline** appointment reminders via email &/or Text

Health History

Have you had any of the following? If so, please circle & provide the date of your diagnoses.

Heart Attack or Stroke

Diabetes / A1C Level? _____

Hyperthyroidism

Heart Condition

Glaucoma

Hypothyroidism

Heart Murmur

Respiratory Condition

AIDS or STD

Heart Pacemaker

Emphysema

Addiction to: Drugs/Alcohol

Heart Surgery

Asthma

Cancer

Heart Defibrillator

Tuberculosis

Chemotherapy

Congenital Heart Lesions

Hepatitis

Radiation Therapy

High Blood Pressure

Sickle Cell Disease

Sinus Problems

Low Blood Pressure

Anemia

Psychiatric Treatment

Artificial Heart Valve

Hemophilia

Epilepsy/ Seizures

Rheumatic Fever

Leukemia

Rheumatism

Scarlet Fever

Yellow Jaundice

Arthritis

Artificial Joints/Knee/Hip

Liver Disease

Smoker

* Are you taking Bisphosphonates? (Medication for your bones) **YES / NO**

* **Any allergies?** (Example: latex, medications, etc..) **YES/NO** If yes, please list: _____

* Are you pregnant? **YES / NO** Are you taking birth control medications? **YES / NO**

PLEASE LIST MEDICATIONS & MEDICAL CONDITIONS NOT LISTED ABOVE:

☐ **CHECK BOX IF "NOT" TAKING ANY MEDICATIONS**

Patient or Guardian Signature: X _____

Doctors Signature: _____