New Patient Admitting Information

Provider # ________________
Date: ____________________

Admission: ☐ No ☐ Yes→ ☐ DMD ☐ AEGD ☐ Referred ________
Medical consult needed: ☐ Yes ☐ No ☐ Requested ☐ Evaluated
Dx Cast obtained: ☐ Next appt. ☐ Yes | Date: ____________ ☐ N/A
Rx on file: ☐ CBCT ☐ Pan ☐ FM ☐ BW ☐ PA Date: ____________

Patient Information ↓

Chart # ____________________
Name: ____________________
Age: ______ years ______months
Gender: ☐ Male ☐ Female
Physician: Dr. ________________
Physician #: ________________
Dental visit: ________________
Rx available: ☐ Yes↓ ☐ No
Request Rx: ☐ Yes→ ☐ Requested
☐ CBCT ☐ Pan ☐ FM ☐ BW ☐ PA
Insurance: ☐ Yes↓ ☐ No
Ins. name: ________________

Chief Complaint ↓

Vitals ↓ ☐ WNL ☐ **Caution***

BP: [1st: /] [2nd: /]	
HR:	/min
Resp:	/min
Wgt:	lbs
Hgt:	ft. in.
BMI=	

Family history ↓ ☐ Normal

Social History ↓ ☐ Normal

☐ Tobacco: ☐ past ☐ present (Onset: years) (Quit: y/m ago)
☐ Alcohol: ☐ past ☐ present (Onset: years) (Quit: y/m ago)
☐ Drug abuse: ☐ past ☐ present (Onset: years) (Quit: y/m ago)
☐ Interested in cessation
Notes:

Med. Hx ↓ ☐ Past ☐ Present

Med. Hx ↓ ☐ Past ☐ Present

Allergies ☐ Yes ☐ No

Oral cancer risk check ☐ WNL

☐ Gender(male>female)
☐ Age>55
☐ UV exposure
☐ Genetics↓
☐ Fanconi Anemia
☐ Dyskeratosis Congenita
☐ Tobacco
☐ Alcohol
☐ Tob+Alcohol
☐ Betel Squid
☐ Areca nut

☐ Hx of cancer
☐ Radiation
☐ EBV
☐ CMV
☐ HPV (16/OF)
☐ HIV/AIDS
☐ LichenPlanus
☐ Leukoplakia
☐ GVHD
☐ Immun. Sup.

Medications ☐ Hx of Bisphosphonates

1)	mg	/day
2)	mg	/day
3)	mg	/day
4)	mg	/day
5)	mg	/day
6)	mg	/day
7)	mg	/day

Ext.oral & TMJ Findings ☐ WNL

Intra oral findings ↓ ☐ WNL

Radiographic findings ↓ ☐ WNL