



Scordakis Family Dental  
Rosemont, California  
Est. 1988

## Registration and Health History Update

Patient Legal First and Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Title: Dr Mr Mrs Ms Miss Mx Other: \_\_\_\_\_

Gender at Birth (Circle): Male Female

Gender Identification (Circle): Male Female Non-Binary

Pronouns (Circle): He/Him She/Her They/Them

Pharmacy Name/Location/Phone #: \_\_\_\_\_

Any changes to your dental insurance coverage since last visit? (Circle): YES NO

Check here if no changes to address/phone/email, otherwise fill out new info below:

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Permission to contact via (Circle): Home Cell Email

Contact Preference (Circle): Home Cell Email

List any changes in general health since last visit (surgeries, hospitalizations, etc):  
\_\_\_\_\_

List any changes to dental health since last visit:  
\_\_\_\_\_

List of ALL current medication(s) (Prescription, Osteoporosis/Bisphosphonates, over the counter, vitamins, supplements, herbs, etc):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies to medications, food or latex:  
\_\_\_\_\_

List any cognitive impairment / developmental delays (autism, ADHD, Dementia, etc):  
\_\_\_\_\_

Females: Taking birth control (Circle)? Yes No Pregnant (Circle)? No Yes, due date is: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider: \_\_\_\_\_