Maryam Avin, D.D.S.
19366 Diamond Lake Drive
Leesburg, VA 20176
703.687.3255

Patient Information

Patient Name: _____ Birth Date:_____
Last First

☐ Male ☐ Female ☐ Married ☐ Single ☐ Child ☐ Other

Social Security #: _____Email Address: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Address: _____
Street Apartment # City Zip Code

Employer Name: _____ Occupation: _____

Whom may we thank for referring you to our practice? _____

Health Information

Date of Last Dental Visit: _____ Reason for this visit: _____

Have you ever had any of the following? Please check those that apply:

☐ AIDS
☐ Allergies _____
_____
☐ Anemia
☐ Arthritis
☐ Artificial Joints
☐ Asthma
☐ Blood Disease
☐ Cancer
☐ Depression
☐ Diabetes
☐ Dizziness
☐ Epilepsy
☐ Excessive Bleeding
☐ Fainting
☐ Glaucoma
☐ Growths
☐ Hay Fever
☐ Head Injuries
☐ Heart Disease
☐ Heart Murmur
☐ Hepatitis
☐ High Blood Pressure
☐ HIV
☐ Jaundice
☐ Kidney Disease
☐ Liver Disease
☐ Mental Disorders
☐ Nervous Disorders
☐ Pacemaker
☐ **Pregnancy**
Due date: _____
☐ Radiation Treatment
☐ Respiratory Problems
☐ Rheumatic Fever
☐ Rheumatism
☐ Sinus Problems
☐ Stomach Problems
☐ Stroke
☐ Thyroid Problem
☐ Tuberculosis
☐ Tumors
☐ Ulcers
☐ Venereal Disease
☐ Codeine Allergy
☐ Penicillin Allergy
☐ Latex Allergy
OTHER:
_____
_____

List medications Prescription & Non-Prescription : _____

_____

Do you have any problems related to snoring and TMJ? If yes, please explain:
_____
Are you now under the care of a physician? If yes, please explain:
_____

Name of Physician: _____ Phone: _____

Do you have any health problems that need further clarification? Yes No If yes, explain:
_____

Have you ever had any complications following dental treatment? Yes No If yes, please explain:
_____

Emergency Contact: _____Phone: _____

To the best of my knowledge, all the preceding answers and information provided are true and correct. If I ever have any change in my health, I will inform the doctors at the next appointment without fail.

_____ Date: _____
Signature of patient, parent, or guardian