Dr. Joseph Stewart D.M.D.
2820 Veterans Memorial Drive
Adamsville, AL 35005

phone: 205-798-0517
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MEDICAL HISTORY

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Physician's Name:______________________________ Phone #:__________________

Please Circle any of the following to which you are allergic:

Latex **Codeine** **Dental Anesthetics** **Penicillin** **Aspirin**

Are you allergic to any antibiotics? YES NO

Do you need to pre-medicate prior to dental appointments: YES or NO

PHARMACY NAME:______________________________ PHARMACY PHONE #__________________

List all medications you are currently taking:

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

CIRCLE YES OR NO

HEART DISEASE	YES	NO	HEART MURMER	YES	NO	RHEUMATIC FEVER	YES	NO
HIP REPLACEMENT	YES	NO	HIGH BLOOD PRESSURE	YES	NO	LUNG DISEASE	YES	NO
ASTHMA	YES	NO	LIVER DISEASE	YES	NO	HEPATITUS	YES	NO
CANCER	YES	NO	STROKE	YES	NO	KIDNEY DISEASE	YES	NO
DIABETES	YES	NO	THYROID DISEASE	YES	NO	EXCESSIVE BLEEDING	YES	NO
SIEZURES	YES	NO	ALCOHOL	YES	NO	TOBACCO	YES	NO
HIV-AIDS	YES	NO	MITRO VALVE	YES	NO	PREGNANT	YES	NO

Consent: I consent to the diagnostic procedures and treatment by the dentist necessary for proper dental care. I consent to the dentist's use and disclosure of my records (or my child's records) to carry out treatment, to obtain payment, and for those activities and health care operations that are related to treatment or payment.

Payment: I authorize payment directly to the dentist of insurance benefits otherwise payable to me. I understand that my dental care insurance carrier may pay less than the actual bill for services, and that I am financially responsible for payment in full of all accounts. In the event the account is not paid in full, the undersigned agrees to pay all the cost of collection including reasonable attorney's fees and agrees to pay the legal rate of interest on the account until paid in full and hereby waives all rights of exemption under the constitution and laws of the State of Alabama

Signed:____ Date:______________