



Haider Family Dentistry
 Jeremy Haider, DMD
 2600 12th St SE
 Salem, OR 97302
 503-363-6525

How would you prefer we contact
 you for appointment reminders?

Phone _____
 Text _____
 Email _____

Name: _____ Home Phone: _____ Cell: _____
 Address: _____ Email: _____
 SSN# _____ Work Phone: _____ Employer: _____
 Birthdate: _____ Occupation: _____
 Emergency Contact name and phone: _____
 How did you hear about our office? _____

Medical History

Physicians Name and Phone: _____
 Date of last general checkup: _____
 Allergies to Medicines? If so, please list: _____
 Pharmacy Preference: _____

Please check if you have been diagnosed with any of the following:

_____ Heart Problems	_____ Hepatitis	Y / N	Pregnant?
_____ Rheumatic Fever	_____ HIV/AIDS	_____	Tuberculosis
_____ Heart Murmur	_____ Asthma	_____	Lung Disease
_____ Artificial Heart Valve	_____ Jaundice	_____	Migraines
_____ Mitral Valve Prolapse	_____ Arthritis:	_____	Kidney Disease
_____ Abnormal Blood Pressure	_____ Osteoarthritis _____	_____	Epilepsy
_____ Ulcerative Colitis	_____ Rheumatoid _____	_____	Blood Clotting
_____ Diabetes: Type I _____	_____ Chronic Sinus Problems	_____	Dysfunction
_____ Type II _____	_____ Joint Replacement		
_____ Cancer:	_____ Date: _____		
_____ Type: _____			
_____ Treatment: _____			

Please note any other conditions that may be relevant: _____

Please list all current medications being taken and their purpose:

I acknowledge that this information is true and complete as of today's date, and that if there are any changes to my personal information or medical history, I will inform Dr. Haider as soon as possible.

Signature: _____

Date: _____