

Mill Creek Dental Care

Timothy E. Skidmore, D.D.S., P.C.

39W250 Herrington Blvd., Suite F-1
Geneva, IL 60134

NAME: _____ DATE: _____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

How would you like our office to contact you? Home, Work, Cell, or Email

Has your Dental Ins. Changed? Yes or No

ANY DISCOMFORT/PROBLEMS AT THIS TIME? IF YES, PLEASE EXPLAIN:

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN? (OTHER THAN FOR ROUTINE CHECKUPS?) OR HAVE YOU BEEN HOSPITALIZED? IF YES, PLEASE EXPLAIN: _____

HAVE YOU BEEN DIAGNOSED WITH ANY ILLNESS OR DISEASE SINCE YOUR LAST VISIT? _____

ARE YOU CURRENTLY TAKING ANY PRESCRIPTION OR ANY OVER THE COUNTER MEDICATIONS? IF YES, PLEASE LIST: _____

DO YOU HAVE ANY ALLERGIES TO MEDICINES OR OTHER SUBSTANCES?

IF FEMALE, ARE YOU CURRENTLY PREGNANT? OR ARE YOU TRYING TO BECOME PREGNANT? _____

INITIAL/DATE: _____