



MELLUM FAMILY DENTISTRY

Serving St. John's and the Greater
Portland Area For Over 30 years

HEALTH HISTORY

**PLEASE PRINT THE FOLLOWING INFORMATION.
THIS INFORMATION IS IMPORTANT FOR OUR RECORDS AND YOUR HEALTH**

Personal Information

Last Name		First Name		M.I.
Date of Birth / /	E-mail			
Mailing Address				
City		State	Zip Code	
Home Phone ()	May we leave a message at this number?		<input type="radio"/> Yes	<input type="radio"/> No
Alternate Phone ()	May we leave a message at this number?		<input type="radio"/> Yes	<input type="radio"/> No
Occupation			Hours per Week	
If child, full name of parent filling out form				
Do parent and child live together?		<input type="radio"/> Yes <input type="radio"/> No	If no, who is legally responsible for account?	
Address of person responsible for account:				

Medical Provider Information

Primary Healthcare Provider		Last Visit
Location of Your Provider (City)		Provider Phone (If Known)

Health Information

Past Hospitalizations			
Past Surgeries			
Current Medications			
Current Supplements			
Allergies (food/drug/environmental)			
Do you smoke?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously	Do you drink caffeine?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously
How often do you drink alcohol?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously	

Nick R. Mellum DMD, PC

5610 N. Lombard St., Portland, OR 97203 | 503-283-2553 | drsmellum@comcast.net



MELLUM FAMILY DENTISTRY

Serving St. John's and the Greater
Portland Area For Over 30 years

HEALTH HISTORY

**PLEASE PRINT THE FOLLOWING INFORMATION.
THIS INFORMATION IS IMPORTANT FOR OUR RECORDS AND YOUR HEALTH**

Do you have, or have you ever had, any of the following (check all that apply):

<input type="checkbox"/> Anemia	<input type="checkbox"/> Eye Problems	<input type="checkbox"/> Low Blood Sugar
<input type="checkbox"/> Anorexia or Bulimia	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Neurological Disorders
<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Heart Attack or Angina	<input type="checkbox"/> Panic Attacks
<input type="checkbox"/> Any Psychiatric Disorder	<input type="checkbox"/> Heart Murmurs	<input type="checkbox"/> Seizures or Epilepsy
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Palpitations	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Blood Disorders	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Swollen Ankles
<input type="checkbox"/> Cancer	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Thyroid Problems
<input type="checkbox"/> Chronic Fatigue Syndrome	<input type="checkbox"/> HIV/AIDS	
<input type="checkbox"/> Chronic Lung Problems	<input type="checkbox"/> High Cholesterol Triglycerides	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Other Serious Health Conditions

If you have any health conditions not listed above please list them here:

After initial x-rays and examination we will give you an estimate to fees to cover treatment. However, all estimates are based upon conditions as viewed at the time of diagnosis; unforeseen circumstances could alter an estimated fee. Also, additional charges will be made if and when pulp treatment (root canal) becomes necessary.

I acknowledge that I am financially responsible for all charges. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize the doctor to release information necessary to secure payment. There is an 8% charge on unpaid balance per month.

Signature

Print Name	
Signature X	Date / /
Legal guardian's signature for minors X	Date / /

Nick R. Mellum DMD, PC

5610 N. Lombard St., Portland, OR 97203 | 503-283-2553 | drsmellum@comcast.net