

Brentwood Dental Specialists, LLC
Dr. John Brannen

Do you have or have had venereal disease?	Y	N
Have you tested HIV positive?	Y	N
Do you have AIDS?	Y	N
Have you had or have you tested positive for Hepatitis?	Y	N
Do you or have you had Tuberculosis (TB)?	Y	N
Do you smoke or use any other form of tobacco? If yes, please list:	Y	N
Have you been or are you addicted to alcohol or drugs? If yes, list:	Y	N
Have you had psychiatric treatments?	Y	N
Are you currently pregnant or nursing?	Y	N

Dr. John Brannen

Date

I have read and understand the above. I understand it is my responsibility to fill out the form correctly and completely.

Patient's Signature or Guardian if Minor

Date

*We offer the convenience of **TEXT** to phone, **EMAIL** and/or confirmation of appointments by **PHONE ONLY**. Please indicate below if you would like to take advantage of the service.

Please send me reminders of my upcoming dental appointments to:
Select/List as many as desired.

Text via phone number: _____

Email: _____

Call Me Only To Phone Number: _____