

Lisa Daft, DMD and Assoc.

Select Language



*MEDICAL HISTORY(3)

Section 1

MEDICAL HISTORY

Chart#:

Patient Name:

Last:

Henriques

First:

Heather

MI

Preferred Name:

Title:

Mr/Ms/Mrs/etc

Gender:

☐

Male

☐

Female

Cancel

Continue

Family Status:

☐

Single

☐

Married

☐

Child

☐

Other

Birth Date:



SS#:

____-____-____

Prev. Visit:



Email Address:

Best time to call:

Phone:

Home:

(____) ____ - ____

Mobile:

(____) ____ - ____

Work:

(____) ____ - ____

Ext:

() -

() -

Address 1:

Select ▼

☐ Home phone

☐ Work phone

☐ Mobile phone

☐ Other Phone

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For Children/Dependents Only

Please list Parent/Guardian/Subscriber information (Name, Employer, SSN)

Please list second Parent/Guardian/Subscriber information (Name, Employer, SSN)

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