Dr. Harvey Levy & Associates, P.C.
198 Thomas Johnson Drive, Suite 108, Frederick, MD 21702
Office: (301) 663-8300 Fax: (301) 682-3993 E-mail: appointments@drhlevyassoc.com

Filled out by (check one): Self___ Parent___ Other:_____

Personal Information:

Name: _____ DOB: _____

Home Address: _____

Preferred Phone: _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Students: F/T ___ P/T ___ School Name & City: _____

Employer: _____

Work Address: _____

Marital Status: Spouse's / Partner's Name:_____

Spouse's Employer / Work Address: _____

For minors only: Parent(s) Name(s): _____

Father's Work Phone / Address: _____

Mother's Work Phone / Address: _____

Emergency Contact:

Name: _____ Relation: _____ Phone: _____

Current Dental Insurance Information:

Company: _____ Policy# : _____Group#: _____

Employer's full name: _____

Employee Name: _____ Employee Birth Date: _____

Employee SS#: _____ Single/Family Coverage: _____

Medical History:

Physician's Name: _____ Physician's Phone #: _____

Physician's Address: _____Date Last Physical Exam: _____

Medications Currently Taking: _____

Please check if you have, or have ever had, any of the following conditions:

___Heart Condition
Rheumatic Fever___
Heart Murmur___
Pacemaker___
Other___
___Artificial Joint / Rod / Pins
___Herpes I or II
___AIDS / HIV
___High Blood Pressure
___Low Blood Pressure

___Prolonged Bleeding
___Deafness
___Epilepsy / Seizures
___Tuberculosis
___Hepatitis ☐ A ☐ B ☐ C ☐ D
___Chemo / Radiation Therapy
___Cancer / Malignancy / Tumor
___Mentally Challenged / Autistic
___Nervous / Psychiatric Problems
___Major Surgery _____

___Diabetes
___Asthma
___Allergic to:
Aspirin___
Penicillin___
Codeine___
Novocain___
Latex___
Other___

Other conditions: _____

Please sign and date, and bring your driver's license and insurance cards to the Front Desk.

Date: _____ Signature: _____(SEAL)