

WELCOME TO OUR OFFICE

We are proud of the service we render as a modern dental health team and we enjoy our association with the many fine people who are our patients. We prepared this questionnaire to improve the delivery of your dental care. Please answer every question. This information is confidential. Thank you.

1. **PATIENT PERSONAL HISTORY** (Please Print) Date.....

Name.....M/F.....

Address.....Apt.....

City.....Province..... Postal Code

Home Phone..... Cell Phone.....Work Phone.....

Date of Birth..... E-mail address.....

Name of employer..... Where can we reach you during the day?.....

Are you a student? Yes.....No..... Name of School.....

Language spoken at home.....

Who may we thank for referring you to our office?.....

2. **SPOUSE/PARENT INFORMATION**

Name.....Date of Birth.....

Employer.....Work Telephone.....

3. **INSURANCE INFORMATION**

Do you have dental insurance Yes..... No.....

Name of Subscriber.....

Subscriber's Date of Birth.....Relationship to Subscriber.....

Name of Employer.....

Group Policy No.....Certificate No.....

Name of Insurance Co.....

Do you have a benefits booklet Yes..... No

Are you covered under any other Insurance Plans Yes..... No.....

If yes, Name of Second Subscriber.....

Subscriber's Date of Birth.....Relationship to Subscriber.....

Name of Employer.....

Group Policy No.....Certificate No.....

Name of Insurance Co.....

• **PLEASE TURN OVER**

4. **MEDICAL HISTORY**

Do you have a family Doctor? Yes..... No.....

If yes, name of Doctor.....Telephone No.....

Are you CURRENTLY under his/her care? Yes..... No.....

If yes, for what reason.....

Date of last physical.....
Prognosis Good..... Fair..... Poor.....
Are you CURRENTLY taking any prescription or over the counter medication? Yes..... No.....

If yes, please list the names of medication.....

For what reason are you taking these drugs?.....
Do you smoke? Yes..... No.....

Have you ever had any of the following diseases or medical problems?
HEART ATTACK.....STROKE.....HEART MURMUR.....TACHYCARDIA (RAPID
HEART RATE).....RHEUMATIC FEVER.....HEART SURGERY.....PACEMAKER.....
HEPITITIS.....HIGH/LOW BLOOD PRESSURE.....EPILEPSY / SEIZURES.....
JOINT REPLACEMENT.....ARTHRITIS.....BLOOD DISORDERS (please specify).....
.....ASTHMA.....CANCER.....
CHEMOTHERAPY.....HIV+/AIDS.....KIDNEY PROBLEMS.....
SINUS PROBLEMS.....TUBERCULOSIS.....DIABETES TYPE 1.....TYPE 2.....

DO YOU HAVE ANY OTHER SERIOUS MEDICAL CONDITIONS?.....

Are you allergic to any of the following?
PENICILLIN Yes.....No..... ASPIRIN Yes.....No..... ERYTHROMYCIN Yes.....No.....
TETRACYCLINE Yes.....No..... DENTAL ANESTHETICS (FREEZING) Yes.....No.....
CODEINE Yes.....No..... SULFA Yes.....No..... LATEX Yes..... No.....

Are you allergic to anything not listed above?.....
If female, are you pregnant? Yes.....No..... If yes, number of months.....

Is there anything concerning your medical history, not mentioned above that the dentist should know?
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5. **DENTAL HISTORY**

Have you ever had a complete dental examination with a full series of x-rays of your teeth and jaws?
Yes..... No.....

When was your last dental visit?.....Name of dentist?.....

What was done at that visit?.....

Were you ever required to take medication prior to any dental visit?.....

6. **PARENT CONSENT FOR CHILDREN UNDER 19**

I hereby consent to the performing of the Dental and Oral Surgery procedures necessary or advisable for my children, including the use of Local Anesthesia and/or Relative Analgesics as indicated and I accept responsibility for the fee.

Date.....Parent's Signature.....

7. **OFFICE POLICY**

Your appointment time will be reserved especially for you. If you are unable to keep this appointment we will require **48 hours notice**, otherwise it will be necessary to **charge for the time lost**.

Office policy is that services are paid for at each visit as they are performed. However, in certain circumstances, arrangements for payment may be made by consulting the doctor.

If payment is not received in a reasonable amount of time, a handling fee of \$20.00 and interest of 2% compounded monthly will be added.

Signature.....