

## Dental Registration and History

### Patient Information

Date

SS/HIC/Patient ID#

Patient Name

Address

Email

City

State

Zip

Sex  M  F

Age

Birthdate

Married  Widowed  Single  Minor  Separated  
 Divorced  Partnered for  years

Patient Employer/School

Occupation

Employer/School Address

Employer/School Phone

Spouse's Name

Birthdate

SS#

Spouse's Employer

Whom may we thank for referring you?

### Dental Insurance

Who is responsible for this account?

Relationship to Patient

Insurance Company

Group #

Is patient covered by additional insurance?  Yes  No

Subscriber's Name

Birthdate

SS#

Relationship to Patient

Insurance Company

Group #

I certify that I, and/or my dependent(s), have insurance coverage with \_\_\_\_\_ and assign directly to Dr. \_\_\_\_\_ all insurance benefits. If any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

Assignment and Release

The above-named dentist may use my health care information and may disclose such information to the above-named Insurance Company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services. This consent will end when my current treatment plan is completed or one year from the date signed below.

Signature

Name of Patient, Guardian or Personal Representative

Date

Relationship to Patient

Phone Numbers

Home Phone

Work Phone

Alt. Phone

Spouse's Work

Best time to reach you

IN CASE OF EMERGENCY CONTACT (Specify someone who does not live in your household.)

Name

Relationship

Phone

Alt. Phone

Dental History

Reason for Today's Visit

Former Dentist

City/State

Date of Last Dental Visit

Date of Last Dental X-Rays

Place a mark to indicate if you have had any of the following:

- Bad Breath
- Bleeding Gums
- Blisters on Lips or Mouth
- Burning Sensation on Tongue
- Chew on One Side of Mouth
- Cigarette, Pipe or Cigar Smoking
- Clicking/Popping Jaw
- Dry Mouth
- Fingernail Biting
- Foreign Objects
- Food Collection Between Teeth
- Grinding Teeth
- Gums Swollen or Tender
- Jaw Pain or Tiredness
- Lip or Cheek Biting
- Loose Teeth/Broken Fillings
- Mouth Breathing
- Mouth Pain, Brushing
- Orthodontic Treatment
- Pain Around Ear
- Periodontal Treatment
- Sensitivity to Cold
- Sensitivity to Heat
- Sensitivity to Sweets
- Sensitivity When Biting
- Sores/Growths In Mouth

How often do you floss?

How often do you brush?

### Health History

Physician's Name

Date of Last Visit

Have you ever used bisphosphonate medication? Common brand names are Fosamax, Actonel, Atelvia, Didronel, Boniva.

Yes  No

Have you ever taken any of the group of drugs collectively referred to as "fen-phen?" These include combinations of Ionimin, Adipex, Fastin (brand names of phentermine), Pondimin (fenfluramine) and Redux (dexfenfluramine).  Yes  No

Place a mark to indicate if you have had any of the following:

- AIDS/HIV  Anemia  Arthritis, Rheumatism  Artificial Heart Valves  Artificial Joints
- Asthma  Back Problems  Bleeding Abnormally  Blood Disease  Cancer
- Chemical Dependency  Chemotherapy  Circulatory Problems  Congenital Heart Lesions
- Cortisone Treatments  Persistent/Bloody Cough  Diabetes  Emphysema  Epilepsy
- Fainting/Dizziness  Glaucoma  Headaches  Heart Murmur  Heart Problems  Hepatitis
- Herpes  Blood Pressure  Jaundice  Jaw Pain  Kidney Disease  Liver Disease
- Mitral Valve Prolapse  Nervous Problems  Pacemaker  Psychiatric Care  Radiation Treatment
- Respiratory Disease  Rheumatic Fever  Scarlet Fever  Shortness of Breath  Sinus Trouble
- Skin Rash  Special Diet  Stroke  Swollen Feet/Ankles  Swollen Neck Glands
- Thyroid Problems  Tonsilitis  Tumor/Growth on Head/Neck  Ulcer  Venereal Disease
- Weigh Loss, Unexplained
- Pregnant  Nursing  On Birth Control

Women

List any medications you are currently taking and the correlating diagnosis:

Pharmacy Name

Pharmacy Phone

Allergies

- Aspirin  Local Anesthetic  Barbituates (Sleeping Pills)
- Penicillin  Codeine  Sulfa  Iodine  Latex

Other Allergies