

PATIENT REGISTRATION AND MEDICAL HISTORY

Date _____ Home Phone _____ E-Mail Address _____

Patient Name _____ Preferred Name _____

Street Address _____ City _____ State _____ Zip _____

Gender: M F Age _____ Birthdate _____ Single Married Widowed Separated Divorced

Employed by _____ Occupation _____

Business Address _____ Business Phone _____

Spouse Partner Name _____ Spouse Birthdate _____

Spouse Employed by _____ Occupation _____

Who is responsible for this account? _____ Relationship to Patient _____

Social Security # _____ Spouse's Social Security# _____

Dental Insurance Company _____ Group Number _____

In case of emergency, who should be notified? _____ Phone _____

Whom may we thank for referring you? _____

I authorize treatment of the person named above and agree to pay all fees and charges for such treatment. If I request financial arrangements for my balance, I authorize you to request a credit history report. If I am delinquent in paying my account, I agree to pay interest on the overdue balance at a rate of 1.33% per month. I understand that antibiotics may reduce the effectiveness of birth control pills.

Signature _____ Date _____

MEDICAL HISTORY

(Answers to the following questions are for our records only and will be considered confidential.)

Have you or any member of your family seen this dentist previously? Yes No
If yes, which family member(s) _____

Date of last physical exam _____ Physician's Name _____

Date of last dental exam _____ Dentist's Name _____ Date of last dental x-rays _____

CIRCLE

Yes No Are you having pain or discomfort at this time? _____

Yes No Do you feel nervous about having dental treatment? _____

Yes No Have you ever had a bad experience in the dental office? _____

Yes No Is there anything you dislike about your smile? _____

Yes No Have you been under the care of a medical doctor during the past two years? _____

Yes No Have you ever had excessive bleeding requiring special treatment? _____

Our office requires 24 hours notice for all cancelled appointments. A charge of \$50.00 per hour will be made for each missed appointment.