PATIENT REGISTRATION

ID:	Chart ID:				
First Name:		Last	Name:		Middle Initial:
Patient Is: Policy Hold	ler	Preferred	Name:		
Responsib	•				
	neone other than the patient)——				
		Last			
the state of the s					
Home Phone:	Work Phone:		Ext:	Cellular:	
Birth Date:	Soc Sec:			Drivers Lic:	
O Responsible Party is	also a Policy Holder for Patient	Primar	y Insurance Policy Ho	lder O Secondary I	nsurance Policy Holder
Patient Information					
Address:			Address 2:		
City:		State / Zip:		Pager:	
Home Phone:	Work Phone:		Ext:	Cellular:	
Sex: Male	○ Female	Marital Status:		Single Divorced	○ Separated ○ Widowed
() Maio	Age:				
1.0	,		I would like to re	ceive correspondences via	i e-maii.
Section 2				Section 3 Date of F	irst Visit:
Employment Status:	Full Time Part Time	Retired	l	Tx Goals	/ Wants:
Student Status:	Il Time Part Time			Patient Comfo	ort Need:
Medicaid ID:	Pref. Denti	st:		Hygien	e Needs:
E and a self	Dest Disease			Hobbies / F	ree time:
Employer ID:	Pref. Pharr	nacy:		Recreation	/ Sports:
Carrier ID:	Pref. Hyg.:			Job / Pro	ofession:
Primary Insurance Inform	nation				
Name of Insured:			Relationshi	p to Insured: Self	Spouse Child Other
Insured Soc. Sec:	with desired hands have the service to the service of the service	Insured Birth	Date:		
			was the same of th		
				<u> </u>	
Address:			Addres	SS:	
Address 2:			Address	2:	
City State Zip			City,State,Z	lip:	
1	.00 Rem. Deduct:				
Secondary Insurance Inf	,				
			Relationshi	p to Insured: Self	Spouse Child Other
			Date:		
Employer:			Ins. Company	(
Address:			Addres	SS:	
Address 2:			Address	2:	
City,State,Zip:	.00 Rem. Deduct:			-	
Nem. Denemo.	.ov Neill Deduct.				

Date

Patient Name:

Date Created: 9/12/2017

re you under a physician's care now? Yes O No If yes Inve you ever head a serious head or neck injury? Yes O No If yes Inve you ever head a serious head or neck injury? Yes O No If yes Inve you ever had a serious head or neck injury? Yes O No If yes Inve you ever head a serious head or neck injury? Yes O No If yes Inve you ever head a serious head or neck injury? Yes O No If yes Inve you ever head a serious head or neck injury? Yes O No If yes Inve you will have not been recarnate, shortly, activated or any other headcastons containing bisphosphorates? Yes O No If yes Inve you used controlled substances? Yes O No If yes Inve Inve					
edication that you may be taking, could have an introof and their edisorably with the denistry you will receive. Thank you for answering the following publishmormal Blood Pressure? What is R? Ves No If yes If ye	—————————————————————————————————————		www.		The second secon
set Physical Date: re you under a physician's care now? ove you ever bad a serious head or nock rigury? O'Yes O'No If yes over you ever had a serious head or nock rigury? O'Yes O'No If yes over you ever had a serious head or nock rigury? O'Yes O'No If yes over you ever bad a serious head or nock rigury? O'Yes O'No If yes over you ever bade nosanax, Boniva, Actorel or eny other over one of the person of th	though dental personnel primarily tre edication that you may be taking, co	eat the area in and around uld have an important inte	your mouth, your errelationship with t	mouth is a part of your entire body the dentistry you will receive. Thank	. Health problems that you may have, or k you for answering the following question
re you under a chysician's care now? Yes No	bnormal Blood Pressure?	vhat is it?	OYes ONo	If yes	
Arthory any alerges not listed above? Yes No If yes	ast Physical Date:				
tave you ever been hospitalized or had a major operation? Yes No If yes	re vou under a physician's care now:		O'	Comment and a first of the comment o	
lave you ever had a serious head or neck injury? Yes No If yes				Partment	Park Control of the C
Second			O Tes O No	II yes	
Source State Researce Source			OYes ONo	If yes	
O you used backcore O yes			OYes ONo	If yes	
District	lave you ever taken Fosamax, Boniv: nedications containing bisphosphonat	a, Actonel or any other es?	OYes ONo	If yes	
Arbificial Joint Radiation Treatments Personal Present Personal	o you use tobacco?		OYes ONe	If yes	The state of the s
ween, Are you Pregant/Trying to pet pregnant? Nursing? Taking oral contraceptives? Pregant/Trying to pet pregnant? Nursing? Taking oral contraceptives? Apprin	o you used controlled substances?		OYES ONO	If yes	
Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives?	ther? Herbs? Over the counter supp	lements?	100 mg - 100	If yes	
Diment Are you	tre vou taking and madination and	drugs?	0		
e you allergic to any of the following? Aspirin	re you taking any medication, pilis or	arugs/	OYes ONo		
AIDS/HIV Positive Cortisone Medicine Hemophilla Radiation Treatments Alzheimer's Disease Diabetes Hepatitis A Recent Weight Loss Ansphylaxis Drug Addiction Hepatitis B or C Renal Dialysis Anemia Easily Winded Herpes Rheumatic Fever Angina Emphysema High Blood Pressure Rheumatic Fever Artificial Heart Valve Excessive Bleeding Hives or Rash Shingles Artificial Joint Excessive Thirst Hypoglycemia Sicide Cell Disease Astima Fainting Spells/Dizziness Irregular Heartbeat Sinus Trouble Blood Disease Frequent Cough Kidney Problems Spina Bifida Blood Transfusion Frequent Diarrhea Leukemia Stomach/Intestinal Disease Bruise Easily Genital Herpes Low Blood Pressure Swelling of Limbs Gancer Glaucoma Lung Disease Thyroid Disease Chemotherapy Hay Fever Mitral Valve Prolapse Tonsilitis Chest Pains Heart Attack/Failure Osteoporosis Tuberculosis Cold Sores/Fever Blisters Heart Murmur Pain in Jaw Joints Tumors or Growths Congenital Heart Disorder Heart Pacemaker Parathyroid Disease Ulicers Convulsions Psychlatric Core Venereal Disease Convulsions Psychlatric Core Venereal Disease Convenered Disease Convenere	Aspirin Metal	Penicilin Latex			
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Anemia	Aspirin Metal Or you have any allergies not listed a	Penicilin Latex bove?		□ Sulfa Drugs	Local Anesthetics
Angina	Aspirin Metal No you have any allergies not listed all you have, or have you had, any of AIDS/HIV Positive	Penicilin Latex bove? the following? Cortisone Medicin		□ Sulfa Drugs	☐ Local Anesthetics ☐ Radiation Treatments
Arthritis/Gout	Aspirin Metal Motor you have any allergies not listed a you have, or have you had, any of AIDS/HIV Positive Alzheimer's Disease	Penicilin Latex bove? the following? Cortisone Medicin		Sulfa Drugs Hemophilia Hepatitis A	Local Anesthetics Radiation Treatments Recent Weight Loss
Artifidal Heart Valve	Aspirin Metal We you have any allergies not listed a You have, or have you had, any of AIDS/HIV Positive Alzheimer's Disease Anophylaxis Anemia	Denicilin Latex bove? the following? Cortisone Medicin Diabetes Drug Addiction Easily Winded		Sulfa Drugs Hemophilia Hepatitis A Hepatitis B or C	☐ Radiation Treatments ☐ Recent Weight Loss ☐ Renal Dialysis ☐ Rheumatic Fever
Artificial Joint	Aspirin Metal Do you have any allergies not listed a you have, or have you had, any of AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina	Denicilin Latex bove? the following? Cortisone Medicin Diabetes Drug Addiction Easily Winded Emphysema	:127.17 12 2 1 • • • • • • • • •	Sulfa Drugs Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism
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Blood Transfusion Frequent Diarrhea Leukemia Stomach/Intestinal Disease Stroke Breathing Problems Frequent Headaches Liver Disease Stroke Stroke Bruise Easily Genital Herpes Low Blood Pressure Swelling of Limbs Cancer Glaucoma Lung Disease Thyroid Disease Thyroid Disease Thyroid Disease Thyroid Disease Chemotherapy Hay Fever Mitral Valve Prolapse Tonsillitis Tonsillitis Chest Pains Heart Attack/Failure Osteoporosis Tuberculosis Tuberculosis Cold Sores/Fever Blisters Heart Murmur Pain in Jaw Joints Tumors or Growths Congenital Heart Disorder Heart Pacemaker Parathyroid Disease Ulicers Convulsions Heart Trouble/Disease Psychiatric Care Venereal Disease	Aspirin Metal Motor you have any allergies not listed a property of the prop	Penicilin Latex bove? the following? Cortisone Medicin Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Selzur Excessive Bleedin Excessive Thirst	e es g	Sulfa Drugs Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease
Breathing Problems Frequent Headaches Liver Disease Stroke Bruise Easily Genital Herpes Low Blood Pressure Swelling of Limbs Cancer Glaucoma Lurg Disease Thyroid Disease Chemotherapy Hay Fever Mitral Valve Prolapse Tonsillitis Chest Pains Heart Attack/Failure Osteoporosis Tuberculosis Cold Sores/Fever Blisters Heart Murmur Pain in Jaw Joints Tumors or Growths Congenital Heart Disorder Heart Pacemaker Parathyroid Disease Ulicers Convulsions Heart Trouble/Disease Psychiatric Care Venereal Disease	Aspirin Metal We you have any allergies not listed a service of the service of	Penicilin Latex bove? the following? Cortisone Medicin Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Selzun Excessive Bleedin Excessive Bleedin Excessive Bleedin	e es g	Sulfa Drugs Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble
Bruise Easily Genital Herpes Low Blood Pressure Swelling of Limbs Cancer Glaucoma Lung Disease Thyroid Disease Chemotherapy Hay Fever Mitral Valve Prolapse Tonsillitis Chest Pains Heart Attack/Failure Osteoporosis Tuberculosis Cold Sores/Fever Blisters Heart Murmur Pain in Jaw Joints Tumors or Growths Congenital Heart Disorder Heart Pacemaker Parathyroid Disease Ulicers Convulsions Heart Trouble/Disease Psychiatric Care Venereal Disease	Aspirin Metal We you have any allergies not listed a service of the service of	Denicilin Latex bove? the following? Cortisone Medicin Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizun Excessive Bleedin Excessive Bleedin Excessive Thirst Fainting Spells/Diz	es g g:ziness	Sulfa Drugs Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycenia Irregular Heartbeat Kidney Problems	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble
Chemotherapy	Aspirin Metal We you have any allergies not listed a You have, or have you had, any of AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Joint Asthma Blood Disease Blood Transfusion	Denicilin Latex Latex bove? the following? Cortisone Medicin Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Selzun Excessive Bleedin Excessive Thirst Fainting Spells/Diz Frequent Cough	ess g	Sulfa Drugs	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Slickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease
Chest Pains	Aspirin Metal o you have any allergies not listed a you have, or have you had, any of a AIDS/HIV Positive Alzheimer's Disease Anophylaxis Anemia Argina Arthritis/Gout Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problems	Penicilin Latex	ess g	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease
Cold Sores/Fever Blisters Heart Murmur Pain in Jaw Joints Tumors or Growths Congenital Heart Disorder Heart Pacemaker Parathyroid Disease Ulcers Convulsions Heart Trouble/Disease Psychiatric Care Venereal Disease	Aspirin Metal We you have any allergies not listed a service of the service of	Denicilin Latex Latex bove? the following? Cortisone Medicin Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Selzun Excessive Bleedin Excessive Thirst Fainting Spells/Diz Frequent Cough Frequent Diarrhes Frequent Headad Genital Herpes	ess g	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs
Congenital Heart Disorder Heart Pacemaker Parathyroid Disease Ulicers Convulsions Heart Trouble/Disease Psychiatric Care Venereal Disease	Aspirin Metal o you have any allergies not listed al you have, or have you had, any of AIDS/HIV Positive Alzheimer's Disease Anophylaxis Anemia Angina Arthritis/Gout Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problems Bruise Easily Cancer	Penicilin Latex bove? the following? Cortisone Medicin Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizun Excessive Bleedin Excessive Thirst Fainting Spells/Dig Frequent Cough Frequent Diarrhed Frequent Headad Genital Herpes	ess g	Sulfa Drugs	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease
Convulsions Heart Trouble/Disease Psychiatric Care Venereal Disease	Aspirin Metal We you have any allergies not listed a service of the service of	Penicilin Latex	es g zziness a hes	Sulfa Drugs Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Osteoporosis	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sidde Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease
	Aspirin Metal Do you have any allergies not listed a you have, or have you had, any of AIDS/HIV Positive Alzheimer's Disease Anephylaxis Anemia Angina Arthfidal Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problems Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters	Denicilin Latex Latex bove? the following? Cortisone Medicin Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizun Excessive Bleedin Excessive Bleedin Excessive Bleedin Excessive Hirst Frainting Spells/Diz Frequent Cough Frequent Diarrhed Genital Herpes Glaucoma Hay Fever Heart Attack/Failt Heart Murmur	es g zziness a hes	Sulfa Drugs Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Low Blood Pressure Lukemia Liver Disease Osteoporosis Pain in Jaw Joints	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease Tonsilitis Tuberculosis Tumors or Growths
	Aspirin Metal We you have any allergies not listed a service of the service of	Denicilin Latex Latex	ess g gziness a hes	Sulfa Drugs	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatic Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease Tronsilitis Tuberculosis Tumors or Growths
lave you ever had any chronic or serious illness not listed Yes No	Aspirin Metal We you have any allergies not listed a service of the property	Denicilin Latex Latex	ess g gziness a hes	Sulfa Drugs	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatic Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease Tronsilitis Tuberculosis Tumors or Growths

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

Signature of Patient, Parent or Guardian:

Dental Health History

What is your chief concern or problem at this	time?		
Do you have dental or facial pain?		Yes	No
Are you interested in comprehensive care?		Yes	No No
Are you apprehensive about dental care?			The state of the s
Are you looking to improve the appearance of	Polosia da 21:0 · · ·	Yes_	_No
Do you have specific sensitivity in your teeth	to	Yes_	_ No
	Cold?	Yes	No
	Hot?	Yes	No
	Sweets?	Yes	No
	Biting	Yes	No
What area? Upper Lower Right Le	<u>ft </u>		
Do you have problems with your jaw or joint?	(TMJ)	Yes_	_No
Are you aware of jaw clenching/teeth grinding	?	Yes	_No
Do you believe it is important to save your tee	th?	Yes_	_No
How often do you brush your teeth?		2	-
How often do you floss your teeth?			· · · · · · · · · · · · · · · · · · ·
What is the approximate date of your last denta	al visit?	y	
Whom may we thank for referring you to our o	ffice?		
Please help us get to k	now you and	your fa	mily better:
Delication of the state of the			
Do you work outside the home? Who do What hobbies do you have?	you work for?	. :• . - ::::::::::::::::::::::::::::::::::::	
Are you married? What is your spouses no		*****	
Do you have children? What is your spouses in	ame?	. ,	
What do you find most difficult during dental v	names (· · · · · · · · · · · · · · · · · · ·	***
Do you have any special requests?	ISILS?		
Are you tired of answering questions?			
Are you then of answering questions?		 	
Signature	Date		
Signature	Date		
Signature	Date		

NOTICE OF PRIVACY PRACTICES-- ACKNOWLEDGEMENT

We keep a record of the health care services we provide you. You may ask to see and copy that record.

you may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting [name or title of Privacy officer].

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below I acknowledge receipt of the Notice of Privacy Practices.

Patient or legally authorized individual signature	Date	Time	
Printed name if signed on behalf of patient	Relationship		
(Notation, if any, by staff) This form will be retained in your medical record. Last update 4/1/03	(parent, legal guardian, personal representative)		