PATIENT INFORMATION

Patient Name____

Patient Nickname____

Mailing Address____

City/State/Zip____

Resident Address____

Email Address ____

Date of Birth____

Home Phone ____

Cell Phone____

Person Responsible for the account____

Your Occupation____

Place of Employments____

Business Phone____

Social Security #____

Name of Insurance____

Member ID #____

Address of Insurance____

Any Additional Insurance____

Member ID #____

Address of Insurance____

Spouse or Parent____

Date of Birth____

Occupation____

Place of Employment____

Business Telephone____

Social Security #____

Physician's Name____

Former Dentist____

Has any member of your family ever been treated at this office? Y N

Name of family member____

Person to contact in case of emergency_______________________________________

Phone #____

What is your present oral complaint or need__________________________________

REFERRED BY____

MEDICAL HISTORY

Name:____

1. Are you having any pain or discomfort at this time?............ YES NO
2. Do you feel very nervous about having dental treatment?............ YES NO
3. Have you ever had a bad experience in the dental office?............ YES NO
4. Have you ever experienced an unusual reaction to a dental anesthetic?............ YES NO
5. Have you been a patient in the hospital during the past two years?............ YES NO
6. Have you been under the care of a medical doctor during the past two years?............ YES NO
7. Have you ever had any excessive bleeding requiring special treatment?............ YES NO
8. Circle any of the following which you have had or have at the present:

Anemia	Thyroid Disease	Blood Transfusion
Stroke	x-ray or cobalt Treatment	Drug Addiction
Kidney Trouble	Chemotherapy (cancer/leukemia)	Hemophilia
High Blood Pressure	Ulcers	Arthritis
Venereal Disease	Glaucoma	Rheumatism
Cold Sores	Emphysema	Cortisone Medicine
Genital Herpes	Rheumatic Fever	Cough
Pain in Joints	Epilepsy or Seizures	Tuberculosis (TB)
Alcoholism	Fainting or Dizzy Spells	Scarlet Fever
Asthma	AID/ARC	Nervousness
Hay Fever	Hepatitis	Psychiatric Treatment
Sinus Trouble	Liver Disease	Sickle Cell Disease
Heart Surgery	Allergies or Hives	Yellow Jaundice
Bruise Easily	Diabetes	Latex Allergy

9. Are you on a special diet?............ YES NO
10. Do you smoke?....... YES NO Packs per day?____________
11. Do you use smokeless tobacco?............ YES NO
12. Has your medical doctor ever said you have a cancer or tumor?............ YES NO
13. Are you being treated for a heart condition?............ YES NO

    Please list:

    Heart Doctor____

    Heart condition_______________________________________

    Heart Medications_____________________________________
14. Do you have an artificial joint hip, knee, etc.?............ YES NO

    Orthopedic Surgeon___________________________________

    Joint Medications_____________________________________
15. Have you ever been treated for osteoporosis?............ YES NO

    Medications taken_____________________________________
16. Do you have any disease, condition or problem not listed?............ YES NO
17. Do you wish to talk to the doctor privately about any problem?............ YES NO
18. WOMEN: Are you pregnant now?............ YES NO

LIST OF MEDICATIONS:

LIST OF ALLERGIES:

To the best of my knowledge, all of the preceding answers are true and correct. If I ever have any changes to my heath, or medicine change, I will inform the dentist at the next appointment without fail. I consent to whatever dental procedures & anesthetics are necessary for treatment.

Date:___________________________ Signature of Patient, parent or guardian_____________________________________

Alaska Dental Group P.C.
(NAME OF PRACTICE)

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse To Sign This Acknowledgement

I, ______________________________, have received a copy of this office's Notice of Privacy Practices.

____
Please Print Name

____
Signature

____
Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of out Notice of Privacy Practices, but the acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)

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