

HEALTH HISTORY & REGISTRATION

Please fill out in entirety: all the information is important to us and to your treatment. Thanks.

Title: Mr., Mrs., Ms., Miss, Dr.

Patient's Name _____ Home Phone Number: () _____ Birth Date ___/___/___ Age ___
Home Address _____ City _____ State _____ Zip _____
E-Mail Address _____ Sex: M F Social Security # _____
Occupation _____ Employer _____ Work Phone # _____
Marital Status: S M D W Spouse's Name (Parent if Minor) _____ Spouse's Work Number _____
Referred to us by _____ Reason For Visit _____ Cell Phone/ Pager _____

Emergency Information

Contact Name _____ Daytime Phone Number _____ Address _____

Primary Dental Insurance:

Policy Holders Name _____ Insurance Company _____ Insurance Co. Phone Number _____
Policy Holder's Soc. Sec. # _____ Birth Date _____ Group or ID # _____

Secondary Dental Insurance:

Policy Holders Name _____ Insurance Company _____ Insurance Co. Phone Number _____
Policy Holder's Soc. Sec. # _____ Birth Date _____ Group or ID # _____

Do you have any current health problems? Yes No If yes, What _____

Are you under a Physicians care now? Yes No For What? _____

Are you currently taking any medication? Yes No If Yes, What? _____

Are you allergic to or have you reacted adversely to any medications or substances? If yes List:

Circle any of the following, which you have had or have at present:

Heart failure	Cardiac By Pass	Bleeding Disorders	Artificial Joints	HIV/ AIDS
Heart Disease or Attack	Hepatitis A(infectious)	Anemia	Diabetes	Angina/Chest Pain
Hepatitis B(serum)	Tuberculosis(TB)	Stroke	Chemotherapy/Radiation	High Blood Pressure
Asthma/Emphysema	Kidney Disease	Fainting or Dizzy Spells	Heart Murmur/MVP	Yellow Jaundice
Hay fever	Ulcers	Rheumatic Fever	Blood Transfusion	Sinus Trouble
Cosmetic Surgery	Arthritis	Congenital Heart Lesions	Drug Addiction	Allergies or Hives
Pain in Jaw Joints	Artificial Heart Valve	Fever Blisters	Thyroid Disease	Sickle Cell Disease
Venereal Disease	Heart Pacemaker	Epilepsy or Seizures	Glaucoma	Current Pregnancy

Family Physician _____ Address _____ Phone Number _____

Is there any other Medical or Dental information we should know? _____

Consent:

The undersigned hereby authorizes Doctor to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by Doctor to make a thorough diagnostic of patient's dental needs. I also authorize Doctor to perform any and all forms of treatment, medication, and therapy that may be indicated. To my knowledge I have given an accurate report of my physical and mental health history. I also understand the use of an anesthetic agent embodies a certain risk. I understand that responsibility for payment for Dental services in this office for my dependents or myself is mine, due and payable at the time services are rendered unless financial arrangements have been made. Financial agreement: Patient agrees to pay finance charge of 1% monthly (18% APR) plus collection costs, court costs and reasonable attorney fees on any unpaid balance. I also assign all Insurance benefits to the Doctor.

Patient Signature _____ Date ___/___/___ Dentist Signature _____

(Parent if patient is a minor)

COMPREHENSIVE DENTAL HEALTH, LLC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

By signing below I indicate that I have reviewed a copy of Comprehensive Dental Health, LLC's Notice of Privacy Practices and understand that my signature indicates my consent to the use and disclosure of protected health information by Comprehensive Dental Health, LLC as described in that notice.

Please Print Name

Signature

Date

What is the best way of reaching you to confirm appointments?

Please circle all that apply. Home Work Cell

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but 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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