

REGISTRATION

Patients Name _____ Date _____
 Mailing address _____
 City _____ State _____ Zip _____
 Phone Number _____ Social Security _____ - _____ - _____
 Birth Date _____ Age _____ Sex _____ Height _____ Weight _____
 Employer _____ Work # _____
 What Pharmacy do you use _____
 Name & Phone number of closest relative _____
 Physician's Name _____ Last date visit _____
 Family Dentist _____ Orthodontist _____
 Purpose of today's visit _____

Medical History

1. Have you ever been a patient in this office? Y _____ N _____
 2. Are you having pain or discomfort at this time? Y _____ N _____
 3. Are you taking any medications? _____

If yes, please list all medications and reasons along with correct name and dosage:

- a. _____
 b. _____
 c. _____
 d. _____

4. Are you allergic to penicillin, aspirin, codeine, latex, soy, eggs or any other drugs or medication? Y _____ N _____

If yes, please list allergies and what type of reaction _____

- a. _____
 b. _____
 c. _____
 d. _____

5. Have you been a patient in a hospital during the past two years? Y _____ N _____

For what reason? _____

6. Have you ever had a heart attack, stroke, or heart failure? Y _____ N _____

If yes, when _____

7. Have you ever had any excessive bleeding requiring special treatment? Y _____ N _____
 8. Have you or anyone in your family ever had a bad anesthesia experience? Y _____ N _____
 9. Do you smoke? Y _____ N _____
 If so how much? _____ How long? _____
 10. Do you ever have Angina Pectoris (chest pain)? Y _____ N _____
 If so when was your last episode? _____
 11. Do you have a heart murmur, mitral prolapse or any other medical condition that requires prophylactic antibiotics prior to dental surgery? Y _____ N _____
 12. Have you ever been told by a doctor that you have a cancer or tumor? Y _____ N _____
 13. (Women) Are you pregnant now? Y _____ N _____
 14. If so what trimester? _____
 15. Circle any of the following which you have had or have at the present, then explain below: _____

Heart failure	Emphysema	Aids
Heart disease / attack	Cough	Hepatitis A (Infectious)
Angina Pectoris	Tuberculosis (TB)	Hepatitis B (Serum)
High blood pressure	Asthma	Liver disease
Heart Murmur	Hay fever	Yellow jaundice
Rheumatic Fever	Sinus Trouble	Blood transfusion
Congenital Heart Lesions	Allergies or hives	Drug addiction
Artificial Heart Valve	Diabetes	Hemophilia
Heart Pacemaker	Thyroid Disease	Cold sores
Heart Surgery	X-ray or cobalt treatment	Epilepsy or seizures
Artificial Joint	Chemotherapy (Cancer, Leukemia)	Fainting or dizzy spells
Anemia	Arthritis	Nervousness
Stroke	Rheumatism	Psychiatric treatment
Kidney trouble	Cortisone Medicine	Pain in jaw join
Ulcers	Glaucoma	Bruise

Remarks

Do you have any other disease, condition, or problem not listed above that the doctor should know about? Y _____ N _____

Do you wish to speak to the doctor privately about anything? Y _____ N _____

How are you paying for today's visit?

Cash/check _____

Visa/ MC _____

Mainecare# _____

College name if patient is a full time student:

Medical Insurance Company _____

Dental Insurance Company _____

Subscriber information if other than patient:

Relationship to Patient _____

Subscriber Name _____

Subscriber Employer _____

Subscriber Social Security # _____

Subscriber Date of birth _____

Subscriber phone # _____

Subscriber address (if different from patient)

Any secondary medical or dental insurance

To the best of my knowledge, all of the preceding answers are true and correct. If I ever have any changes in my health, or if my medicines change, I will inform the doctor at the next appointment.

DATE: _____ SIGNATURE: _____

(Patient 18 yrs + parent or legal guardian)

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**** You may refuse to sign this acknowledgment****

I, _____, have reviewed a copy of this offices
Notice of Privacy Practices.

(Please Print Name)

(Signature)

(Date)

For Office Use only

We attempted to obtain written acknowledgment of review 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)

