



# Confidential Medical Information

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Physician / and their specialty: \_\_\_\_\_

Most recent Physical Examination: \_\_\_\_\_

What is your estimate of your general health? (Please circle one)      Excellent      Good      Fair      Poor

DO YOU HAVE OR HAVE YOU EVER HAD? (Please circle yes or no below)

- |  |   |
|--|---|
| <p>1) Hospitalization for illness or injury _____ Y / N</p> <p>2) An allergic reaction to: _____ Y / N</p> <p style="padding-left: 20px;">Aspirin, Ibuprofen, Acetaminophen, Codeine _____ Y / N</p> <p style="padding-left: 20px;">Penicillin _____ Y / N</p> <p style="padding-left: 20px;">Erythromycin _____ Y / N</p> <p style="padding-left: 20px;">Sulfa Drugs _____ Y / N</p> <p style="padding-left: 20px;">Local Anesthetic _____ Y / N</p> <p style="padding-left: 20px;">Fluoride _____ Y / N</p> <p style="padding-left: 20px;">Metals (nickel, gold, silver, etc.) _____ Y / N</p> <p style="padding-left: 20px;">Latex _____ Y / N</p> <p style="padding-left: 20px;">Other _____ Y / N</p> <p>3) Heart problems, or cardiac stent within last 6 months _____ Y / N</p> <p>4) History of infective endocarditis _____ Y / N</p> <p>5) Artificial heart valve, repaired heart defect (PFO) _____ Y / N</p> <p>6) Pacemaker or implantable defibrillator _____ Y / N</p> <p>7) Artificial Prosthesis (heart valve or joint) _____ Y / N</p> <p>8) Rheumatic or Scarlet fever _____ Y / N</p> <p>9) High or Low blood pressure _____ Y / N</p> <p>10) A stroke (taking blood thinners) _____ Y / N</p> <p>11) Anemia or blood disorder _____ Y / N</p> <p>12) Prolonged bleeding due to slight cut (INR&gt;3.5) _____ Y / N</p> <p>13) Emphysema, shortness of breath, sarcoidosis _____ Y / N</p> <p>14) Tuberculosis, measles, chicken pox _____ Y / N</p> <p>15) Asthma _____ Y / N</p> <p>16) Breathing / sleep problems, sleep apnea, snoring, sinus issues _____ Y / N</p> <p>17) Kidney disease _____ Y / N</p> <p>18) Liver disease _____ Y / N</p> <p>19) Jaundice _____ Y / N</p> <p>20) Thyroid, parathyroid, or calcium deficiency _____ Y / N</p> <p>21) Hormone deficiency _____ Y / N</p> <p>22) High cholesterol or taking statin drugs _____ Y / N</p> <p>23) Diabetes (HbA1c=_____) _____ Y / N</p> <p>24) Stomach or duodenal ulcer _____ Y / N</p> <p>25) Digestive disorders (celiac disease, gastric reflux, etc.) _____ Y / N</p> | <p>26) Osteoporosis/Osteopenia (taking bisphosphates) _____ Y / N</p> <p>27) Arthritis, Rheumatoid arthritis, Lupus _____ Y / N</p> <p>28) Glaucoma _____ Y / N</p> <p>29) Contact Lenses _____ Y / N</p> <p>30) Head or neck injuries _____ Y / N</p> <p>31) Epilepsy, convulsions (seizures) _____ Y / N</p> <p>32) Neurologic disorders (ADD/ADHD, prion disease) _____ Y / N</p> <p>33) Viral infections or cold sores _____ Y / N</p> <p>34) Lumps or swelling in the mouth _____ Y / N</p> <p>35) Hives, skin rashes, hay fever _____ Y / N</p> <p>36) STI /STD _____ Y / N</p> <p>37) Hepatitis (type _____) _____ Y / N</p> <p>38) HIV / AIDS _____ Y / N</p> <p>39) Tumor, abnormal growth _____ Y / N</p> <p>40) Radiation Therapy _____ Y / N</p> <p>41) Chemotherapy, immunosuppressive treatment _____ Y / N</p> <p>42) Emotional problems _____ Y / N</p> <p>43) Psychiatric treatment _____ Y / N</p> <p>44) Antidepressant Medication _____ Y / N</p> <p>45) Alcohol / Street drug use _____ Y / N</p> <p style="padding-left: 20px;">ARE YOU?</p> <p>46) Presently being treated for any illness? _____ Y / N</p> <p>47) Aware of a change in your health in the past 24 hrs? _____ Y / N</p> <p style="padding-left: 20px;">(fever, chills, new cough or diarrhea) _____ Y / N</p> <p>48) Taking medication for weight management (fen-phen)? _____ Y / N</p> <p>49) Taking dietary supplements? _____ Y / N</p> <p>50) Often exhausted or fatigued? _____ Y / N</p> <p>51) Experiencing frequent headaches? _____ Y / N</p> <p>52) A smoker, previously smoked or use smokeless tobacco? _____ Y / N</p> <p>53) Often unhappy, depressed? _____ Y / N</p> <p>54) FEMALE: taking birth control? _____ Y / N</p> <p>55) FEMALE: pregnant / breastfeeding? _____ Y / N</p> <p>56) MALE: prostate disorders? _____ Y / N</p> |
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Describe any current medical treatment, impending surgery, genetic/development delay, other treatment that may possibly impact your dental treatment

List all Medications, supplements, and or vitamins taken within the last two years

DRUG	PURPOSE	DRUG	PURPOSE

Please continue on the back if needed.

PLEASE ADVISE US IN THE FUTURE OF ANY CHANGES IN YOUR MEDICAL HISTORY OR ANY NEW MEDICATIONS YOU MAY BE TAKING

ARE YOU REQUIRED TO TAKE ANY PREMEDICATION PRIOR TO DENTISTRY?  NO  YES \_\_\_\_\_

ARE THERE ANY MEDICATIONS YOU HAVE BEEN DIRECTED NOT TO TAKE? \_\_\_\_\_

Patient's Signature \_\_\_\_\_

Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Financial Policy**

Payment is due in full the day treatment is provided. We accept cash, debit, Visa and MasterCard. We are pleased to assist you in submitting your dental claim to your dental insurance on your behalf.

Dental insurance plays a role in helping patients to acquire dental care however it cannot interfere with proper diagnosis and treatment recommendations. Treatment recommendations are made on your individual dental health needs.

We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment. If you have any questions, please discuss them with our Office Coordinator.

### **Appointment Policy**

We respect that your time is valuable; therefore, we make every effort to see our patients at their reserved appointment time. As a courtesy to our staff and other patients, if you are 15 minutes late for your reserved appointment time, we may need to reschedule you for another date and time.

We request that our patients call our office at least two working days prior to their reserved time to change an appointment. Appointments that are cancelled with less than two working days' notice are considered a broken appointment and may be subject to a fee.

### **Privacy Policy**

Dental records are collections of sensitive personal information compiled to allow dentists and other dental health care providers to offer dental treatment, maximize continuity of care, and maintain optimal standards of care. Original dental records compiled by a dentist are the legal property of the dentist.

Patients have a legal right to examine and copy their records and to control the use and dissemination of the information contained in their records. Dentists require patients to provide complete, accurate and intimate health details in order to provide safe and effective treatment. Therefore, ownership of original dental records obligates the security and confidentiality of the information contained therein, which may be developed only with the permission of the patient except when otherwise required by law.

Patients have the right to control the disclosure of their dental records to others. Release of information must be informed; must be specific and for a one-time-event; must afford the patient an opportunity to review the information being requested and released prior to its transfer, and with the opportunity to withdraw prior consent; must not be used for any purpose other than the primary and specific use requested; and must be done with the patient's permission, preferably in writing.

Patients are entitled to receive dental care in a confidential setting free of third-party intrusion. Release of patient information to third parties must adhere to the basic principles of confidentiality and patient rights outlined above with the intention of enabling patients to review any and all third-party benefits to which they may be entitled. Patients may be unaware of the information that the third parties may have access to under broad-based consents to release dental records, and the scope of this information may exceed the needs of a third-party to determine benefits. It becomes the responsibility of the dentist and other dental health care providers to protect the confidentiality and privacy of the patients.

When a third party (e.g., government agency, Canada Revenue Agency, dental association or insurance company) has received patient permission to use information from the patient's dental records for financial audits, all patient identity and unrelated information (e.g. health history, personal information) shall first be removed from the records. No third-party can demand access to patient dental records (including financial records) except with specific patient consent in writing, by legal statute or by court order.

**I have read and understand the financial, appointment, and privacy policies and agree to abide by their terms. I understand these policies may be amended from time to time by the practice.**

\_\_\_\_\_  
Signature of Patient (or Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient (Please Print)