DENTAL IMPLANT GROUP

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PATIENT INFORMATION:

Last Name: _____ First Name: _____ Middle: _____

Preferred Name: _____ Date of Birth: _____ Sex: □ Male □ Female

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SS#: _____ Emergency Contact Name & Phone: _____

Medical Doctor's Name: _____ Phone # of Medical Doctor: _____

Name of Preferred Pharmacy: _____ Pharmacy Phone #: _____

How did you hear about our office?
□ Doctor Referral _____ □ Patient Referral _____

□ Phone Book Ad □ Internet Search □ Website □ Other _____

DENTAL INSURANCE INFORMATION:

Primary Insurance Co: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Policy Holder: _____ Relationship to Patient: _____

Date of Birth: _____ Group/Policy #: _____ ID/SS #: _____

I authorize the release of a full report of examination findings, diagnosis, treatment planning, etc., to any referring dentist or physician. I additionally authorize the release of any dental/medical information to insurance companies or for legal documentation to process claims. I understand that I am responsible for all charges for treatment to me regardless of insurance coverage.

Patient Signature: _____ Date: _____

PLEASE CHECK ANY OF THE FOLLOWING THAT HAVE CAUSED AN ALLERGIC REACTION:

- □ Antibiotics
- □ Aspirin
- □ Codeine
- □ Latex
- □ Local Anesthetics
- □ Metals
- □ Penicillin
- □ Sedatives
- □ Sleeping Aids
- □ Sulfa Drugs
- □ Other Allergies _____

PLEASE CHECK ANY OF THE FOLLOWING THAT YOU HAVE OR HAVE HAD:

- □ Abnormal Bleeding / Bleed Easily
- □ Anemia
- □ Arthritis, Rheumatism
- □ Asthma
- □ Autoimmune Disorder (HIV or AIDS)
- □ Bloating
- □ Cancer
- □ Chemotherapy
- □ Chemical / Substance Dependency
- □ Chronic Dry Mouth
- □ Chronic Bronchitis
- □ Chronic Fatigue
- □ Cold Hands / Feet
- □ Colitis
- □ Current Pregnancy / Nursing
- □ Depression / Emotional Problems
- □ Diabetes
- □ Dizziness
- □ Emphysema
- □ Epilepsy / Seizures
- □ Excessive Thirst
- □ Fainting Spells
- □ Fluid Retention
- □ Frequent Cough
- □ Frequent Headaches
- □ Frequent Illnesses
- □ Frequent Urination
- □ Gout
- □ Hay Fever / Sinus Problems
- □ Heart Disease
- □ Heart Attack, Heart Defects
- □ Hearing Impairment
- □ Heart Murmur
- □ Tuberculosis
- □ Urinary Disorder
- □ Heart Pacemaker
- □ Heart Palpitations
- □ Heart Valve Replacement
- □ Heart Valve Damage
- □ Hemophilia
- □ Hepatitis: □ A □ B □ C
- □ High Blood Pressure
- □ Hypoglycemia
- □ Hyperglycemia
- □ Intestinal Disorders
- □ Jaundice
- □ Joint Pain / Stiffness
- □ Kidney Problems
- □ Liver Disease
- □ Lung Disease
- □ Meniere's Disease
- □ Muscle Aches, Spasms, Cramps
- □ Muscular Dystrophy
- □ Multiple Sclerosis
- □ Neuralgia
- □ Osteoporosis
- □ Parkinson's Disease
- □ Poor Circulation
- □ Prior Orthodontic Treatment
- □ Psychiatric Care
- □ Radiation Treatment
- □ Rheumatic Fever
- □ Scarlet Fever
- □ Shortness of Breath
- □ Skin Disorder
- □ Slow Healing Sores
- □ Speech Difficulties
- □ Stomach Ulcers
- □ Thyroid _____
- □ Neuropathy

DO YOU HAVE OR HAVE HAD THE FOLLOWING:

□ **Blood Transfusions** _____
□ **Artificial Joints** _____
□ **Contact Lenses**
□ **Surgeries** _____

DO YOU TAKE OR HAVE YOU TAKEN:

□ **Alcohol**
□ **Recreational Drugs**
□ **Tobacco in any form**
□ **Bisphosphonates: Fosamax, Boniva, etc.**
□ **Birth Control Pills**
□ **Pre-Med for Dental Procedures**

PLEASE LIST ANY PRESCRIBED MEDS & OVER THE COUNTER MEDS YOU ARE CURRENTLY TAKING:

_____ _____

_____ _____

_____ _____

PLEASE LIST ANY OTHER DISEASES OR MEDICAL PROBLEMS NOT LISTED ON THIS FORM.

_____

_____

Dental Implant Group

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.

_____
Print Name

_____
Signature

_____
Date

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
___ Communication barriers prohibited obtaining acknowledgement
___ An emergency situation prevented us from obtaining acknowledgement
___ Other (Please specify)

_____