New Patient Information and Health History

Basic Info

First Name

Middle Name

Last Name

Preferred Name

Date of Birth

Gender

- Male
- Female
- Other

Marital Status

- Single
- Married
- Divorced
- Separated
- Widowed

Mobile Phone

Home Phone

Work Phone

Email

Street Address

Street Address 2

City

State

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Puerto Rico
- District of Columbia
- US Virgin Islands

ZIP Code

Social Security Number

Who do we contact in case of an emergency?

Name of emergency contact

Phone number of emergency contact

Medications

Please list the names of any medications you are currently taking. If you are taking no medications, please enter NONE.

Medical History

Are you allergic to any of the following?

- [ ] Acrylics
- [ ] Antibiotics
- [ ] Aspirin
- [ ] Codeine
- [ ] Iodine
- [ ] Latex
- [ ] Local Anesthetics
- [ ] Metals
- [ ] Penicillin
- [ ] Sulfa drugs
- [ ] Other
- [ ] None

Please list any allergies that you have that are not on the list above:

Do you have, or have you ever had, any of the following conditions?

- [ ] AIDS/HIV Positive
- [ ] Alzheimer's Disease
- [ ] Anaphylaxis
- [ ] Anemia
- [ ] Angina
- [ ] Arthritis/Gout
- [ ] Artificial Heart Valve
- [ ] Artificial Joint
- [ ] Asthma
- [ ] Blood Disease
- [ ] Blood Transfusion
- [ ] Breathing Problem
- [ ] Bruise Easily
- [ ] Cancer
- [ ] Chemotherapy
- [ ] Chest Pains
- [ ] Cold Sores/Fever Blisters
- [ ] Congenital Heart Disorder
- [ ] Convulsions
- [ ] Cortisone Medicine
- [ ] Diabetes
- [ ] Dizziness
- [ ] Drug Addiction
- [ ] Easily Winded
- [ ] Emphysema
- [ ] Epilepsy or Seizures
- [ ] Excessive Bleeding
- [ ] Excessive Thirst
- [ ] Frequent Cough
- [ ] Frequent Diarrhea
- [ ] Frequent Headaches
- [ ] Genital Herpes
- [ ] Glaucoma
- [ ] Hay Fever
- [ ] Head Injuries
- [ ] Hearing Impairment
- [ ] Heart Attack/Failure
- [ ] Heart Murmur
- [ ] Heart Pacemaker
- [ ] Heart Trouble/Disease
- [ ] Hemophilia
- [ ] Hepatitis A
- [ ] Hepatitis B or C
- [ ] Herpes
- [ ] High Blood Pressure
- [ ] High Cholesterol
- [ ] Hives or Rash
- [ ] Hypoglycemia
- [ ] Irregular Heartbeat
- [ ] Kidney Problems
- [ ] Leukemia
- [ ] Liver Disease
- [ ] Low Blood Pressure
- [ ] Lung Disease
- [ ] Mitral Valve Prolapse
- [ ] Osteoporosis
- [ ] Pain in Jaw Joints
- [ ] Parathyroid Disease
- [ ] Pondimin/Fen-Phen
- [ ] Psychiatric Care
- [ ] Radiation Treatments
- [ ] Recent Weight Loss
- [ ] Renal Dialysis
- [ ] Respiratory Problems
- [ ] Rheumatic Fever
- [ ] Rheumatism
- [ ] Scarlet Fever
- [ ] Shingles
- [ ] Sickle Cell Disease

- [ ] Sleep Apnea
- [ ] Spina Bifida
- [ ] Stomach/Intestinal Disease
- [ ] Stroke
- [ ] Swelling of Limbs
- [ ] Thyroid Disease
- [ ] TMJ
- [ ] Tonsillitis
- [ ] Tuberculosis
- [ ] Tumors or Growths
- [ ] Ulcers
- [ ] Venereal Disease
- [ ] Vision Loss/Blindness
- [ ] Yellow Jaundice
- [ ] Other
- [ ] None

Please list any medical conditions that you have that are not on the list above:

Female only Conditions

- [ ] Pregnant
- [ ] Nursing
- [ ] Taking Oral Contraceptives

Insurance Company Name (if any) | Policy Holder Name | Relationship to Patient

Insurance Id | Group # | Date

Financial Policy

We are committed to providing excellent dental care and helping you understand your financial responsibilities.

1. Payment Due at Time of Service
Payment for services is due in full at the time of treatment unless other arrangements have been made in advance.

2. Insurance

- We accept many dental insurance plans as a courtesy to our patients.
- Your insurance policy is a contract between you and your insurance company. We will help you maximize your benefits, but any portion not covered by insurance is your responsibility.
- Estimated insurance co-payments and deductibles are due at the time of service.

3. Payment Methods
We accept cash, debit cards, major credit cards, and HSA/FSA cards. Financing options may be available through approved third-party lenders.

4. Balances
Balances not paid within 30 days are subject to a monthly finance charge. If your account becomes past due, it may be referred to a collection agency.

5. Cancellations & Missed Appointments
We require at least 24 hours' notice for cancellations. A fee may be charged for missed or late-cancelled appointments.

Thank you for understanding our financial policy and allowing us to care for your dental health.

E-Signature (draw, upload or type)

Date: