Patient Registration

1. Patient Details

First Name: | Last Name: | Title:

SSN (for insurance verification): | Birthdate: | Nickname:

Gender: | Email Address:

Address Line 1: | Address Line 2:

City: | State: | ZIP:

Phone Number(s) (At least one phone number is required)

Cell Phone: | Home Phone:

Emergency Contact

2. Emergency Contact Details

Emergency Contact First Name: | Emergency Contact Last Name: | Emergency Contact Relationship to Patient:

Emergency Contact Phone: | Date of birth:

Responsible Party

3. Responsible Party Details (if "SELF", move to section 4)

Relationship to Patient | Responsible Party Phone: | Responsible Party Email:

Responsible Party Full Name: | Responsible Party Birth Date:

Responsible Party Street Address:

Responsible City:

Responsible Party State:

Responsible Party Zip Code:

Primary Dental Insurance

4. Primary Dental Insurance Policy Holder

First Name:

Last Name:

Member ID:

Birthdate:

Patient's Relationship to Policy Holder:

Plan/Policy

Insurance Company:

Employer:

Group Number:

Insurance Address:

City:

State:

Zip

Secondary Dental Insurance (If applicable)

5. Secondary Dental Insurance Policy Holder

First Name:

Last Name:

Member ID:

Birthdate:

Patient's Relationship to Policy Holder:

Insurance Company:

Group Number:

Employer:

Address Line 1:

City:

State:

ZIP:

Primary MEDICAL Insurance

6. Primary Medical Policy Information

Primary Medical Insurance Company | Member ID / Policy # | Group Number

Insured Name | Insured Date of Birth

Insured Street Address

Insured City | Insured State | Zip Code

Insured Phone #

Client Relationship to Insured
○ Self ○ Spouse ○ Child ○ Other

Insured Gender
○ Female ○ Male ○ Prefer to not answer

Medical Health History

Although oral surgeons primarily treat the area in and around your mouth, the mouth is part of your entire body. Health problems that you may have, or medications you may be taking, could have an important interrelationship with the care that you will be receiving. All of your information are for our records only and are considered fully confidential. Thank you for taking the time to give us the following information:

7. Are you allergic to or have you had reaction to:

- ☐ Aspirin
- ☐ Barbituates or sedatives
- ☐ Codeine
- ☐ Certain foods
- ☐ General anesthetics
- ☐ Hay fever/seasonal
- ☐ Iodine
- ☐ Latex
- ☐ Local anesthetics
- ☐ Penicillin
- ☐ Other Antibiotics
- ☐ Other Narcotics
- ☐ Sulfa drugs

Other:

8. Do you have, or have you had any of the following?

- ☐ Abnormal bleeding
- ☐ Abnormal heart rhythm (arrhythmia)
- ☐ Angina
- ☐ Arthritis
- ☐ Artitificial heart
- ☐ Artitificial joints
- ☐ Asthma
- ☐ Autoimmune issues
- ☐ Blood disorder (ex: Anemia)
- ☐ Cancer/chemotherapy
- ☐ Colitis
- ☐ Congenital heart defect
- ☐ Damaged heart valves
- ☐ Diabetes
- ☐ Drug abuse
- ☐ Emphysema
- ☐ Epilepsy
- ☐ Fainting spells
- ☐ Fever blisters
- ☐ Frequent headaches
- ☐ Glaucoma
- ☐ Heart attack
- ☐ Heart surgery
- ☐ Hemophilia
- ☐ Hepatitis A or B
- ☐ Hepatitis C
- ☐ High blood pressure
- ☐ Immune system issues
- ☐ Kidney issues
- ☐ Liver disease
- ☐ Low blood pressure
- ☐ Mitral valve
- ☐ Pacemaker
- ☐ Pneumocystis
- ☐ Psychiatric problems
- ☐ Radiation therapy
- ☐ Rheumatic fever
- ☐ Shingles
- ☐ Sickle cell disease
- ☐ Sinus problems
- ☐ Sleep apnea
- ☐ Stroke
- ☐ Thyroid issues
- ☐ Organ transplant
- ☐ Tuberculosis
- ☐ Ulcers
- ☐ Venereal disease
- ☐ Yellow jaundice

Other:

_____

9. What is your height?

_____

10. What is your weight?

_____

11. What is your preferred pharmacy to call in prescriptions?

_____

_____

_____

_____

12. Other:

- ☐ Do you use tobacco?
- ☐ Do you use controlled substances (drugs)?
- ☐ Are you required to premedicate before any dental treatment?

13. WOMEN ONLY:

☐ Are you pregnant? Number of weeks: _____ ☐ Are you nursing?

14. Please list any medications you are currently taking:

15. Is there any other health item we should be aware of (Medical Alert)?

Referral Source(s)

16. Who is your dentist?

17. How did you hear about our office, if other than your dentist?

18. Today's Date