PATIENT INFORMATION

Welcome to our office! To assist us in serving you, please complete the following confidential form.

The information provided is important to your dental health.

Patient's name _____ Preferred name _____

Birth date_____

If minor, parents names _____

Home phone _____ Work phone _____Cell phone _____

How would you like us to contact you? __Home __Work __Cell __Other_____

Mailing address _____ City _____State _____ Zip _____

Your Employer _____ Occupation _____

Spouse's name _____ Spouse's employer _____ ❑ Unmarried

Whom may we thank for referring you to our office? _____

INSURANCE INFORMATION: ❑ Not covered by dental insurance

Insured Social Security number: _____ Dental Insurance Co._____

Group number_____

Covered by spouse's insurance? ❑ yes ❑ no

Spouse's dental insurance company _____ Group number _____

Spouse's birthday _____ Social Security number _____

Signature of patient (or parent) _____ Date _____

Patient Health History

Medley Smiles

August 24, 2015

Medical Conditions

- ☐ None
- ☐ AIDS
- ☐ Anemia
- ☐ Arthritis, Rheumatism
- ☐ Artificial Heart Valve(s)
- ☐ Artificial Joints
- ☐ Asthma
- ☐ Back Problems
- ☐ Blood Disease
- ☐ Blood Thinner
- ☐ Blood Transfusion
- ☐ Cancer
- ☐ Chemical Dependency
- ☐ Chemotherapy
- ☐ Circulatory Problems
- ☐ Cold Sores/Fever Blisters
- ☐ Congenital Heart Lesions
- ☐ Contact Lenses
- ☐ Cortisone Treatments
- ☐ Cough, persistent or bloody
- ☐ Diabetes
- ☐ Dementia
- ☐ Diet (Special/Restricted)
- ☐ Dizziness/Fainting
- ☐ Emphysema
- ☐ Epilepsy
- ☐ Excessive Bleeding/Bruising
- ☐ Glaucoma
- ☐ Hay Fever
- ☐ Head Injuries
- ☐ Heart Murmurs
- ☐ Heart Problems
- ☐ Hepatitis
- ☐ Herpes
- ☐ High Blood Pressure
- ☐ Jaundice
- ☐ Jaw Popping/Pain
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Low Blood Pressure
- ☐ Mitral Valve Prolapse
- ☐ Pace Maker
- ☐ Psychiatric Care
- ☐ Radiation Treatment
- ☐ Respiratory Problems
- ☐ Rheumatic Fever
- ☐ Scarlet Fever
- ☐ Sinus Problems
- ☐ Skin Rash
- ☐ Stomach Problems/ Ulcer
- ☐ Stroke
- ☐ Swollen Feet or Ankles
- ☐ Swollen Neck Glands
- ☐ Thyroid Problems
- ☐ Tobacco Use
- ☐ Tonsillitis
- ☐ Tuberculosis
- ☐ Tumors
- ☐ Venereal Disease
- ☐ X-Rays/Cobalt Disease

Other:

Allergies

☐ None

Are you allergic to or have you had any adverse reactions to the following:

Antibiotics	*Other Drugs*	*Other Allergies*
☐ Amoxicillin	☐ Acetaminophen	☐ Latex
☐ Cephalexin	☐ Aspirin	☐ Metals (nickel, mercury, etc.)
☐ Erythromyc	☐ Barbiturates	☐ Nuts
☐ Keflex	☐ Codeine	
☐ Penicillin	☐ Hydrocodone	
	☐ Ibuprofen	
	☐ Iodine	
	☐ Local Anesthetics	

Other:

Current Medications

☐ None

Addt'l Info:

Are you currently under medical treatment of any kind? ☐ No ☐ Yes

Are you now or have you ever used a bisphosphonate to treat Osteoporosis? (Actonel, Atelvia, Boniva, Fosamax) ☐ No ☐ Yes

Have you been admitted to a hospital or needed emergency care within the last 2 years? ☐ No ☐ Yes

Do you have any health issues or conditions that need further clarification? ☐ No ☐ Yes

☐ Pregnant Due Date:

☐ Nursing

☐ Taking oral contraception

Signature

Date

Medley Smiles LLC.

Hippa Signature:

By signing this form, you acknowledge receipt of the Notice of Privacy Practices from Medley Smiles.

The Notice of Privacy Policy provides information about how we may use and disclose your protected health information. We encourage you to read it carefully. The Notice of Privacy Policy is subject to change. If the Notice is changed, you may obtain a revised copy by requesting it from our staff.

Your medical information may be released to the person you authorize below, to receive your information regarding treatment, appointments, and collections.

Name of persons authorized:

_____

_____

I acknowledge receipt of the Notice of Privacy Practices from Medley Smiles LLC.

Signature:_____**Date:**_____

Signature:_____**Date:**_____

HIPPA is the Federal Health Insurance Portability and Accountability Act of 1996. The primary goal of the law is to make it easier for people to keep health insurance, protect confidentiality, and protect the security of your healthcare information.