

Brentwood Family Dentistry

Patient Information

Name: _____ Sex: _____ Social Security #: _____
Address: _____ City _____ State _____ Zip _____
Birth Date: _____ Cell Phone: _____ Home Phone: _____
Occupation: _____ Employer: _____ Work Phone: _____
Spouse's Name: _____ Employer: _____ Spouse Birth date: _____
Primary Dental Insurance: _____ Policy or Member #: _____
Secondary Dental Insurance: _____ Policy or Member #: _____
Who is responsible for this account? name/relationship/social security: _____
How did you learn of our office? _____

Medical History

Physician: _____ Approximate date of last physical: _____
Are you under any medical treatment now? _____ If so, for what? _____
Medications: _____
Allergies: _____
Have you had any major operations? _____ If so, for what and when? _____

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Heart Issues/Heart Surgery	_____	_____	Diabetes Type 1/Type 2	_____	_____
Heart Attack	_____	_____	Respiratory Disease	_____	_____
Heart Valve Defect/Repair	_____	_____	Liver Disease/Hepatitis	_____	_____
High Blood Pressure	_____	_____	Kidney Problems	_____	_____
Stroke	_____	_____	HIV/ AIDS	_____	_____
Abnormal Bleeding	_____	_____	Autoimmune Disease	_____	_____
Hip/Knee/Joint Replacement	_____	_____	Osteoporosis	_____	_____
Epilepsy/Seizure Disorders	_____	_____	Cancer/Radiation/Chemo	_____	_____

	<u>YES</u>	<u>NO</u>
Women: Are you pregnant?	_____	_____
Breast-feeding?	_____	_____
Taking birth control pills?	_____	_____

Dental History

Is there anything you would like to change about your teeth?

When was the last time you saw a dentist for treatment? _____

Have you ever had any unusual reactions to local anesthetic? _____

Do you feel there is anything else your doctor needs to know about your medical or dental condition? _____

Signature: _____ **Date:** _____

Doctor's Signature : _____

BRENTWOOD FAMILY DENTISTRY

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.

(Please Print Name)

(Signature)

(Date)

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices. Acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)

