

Welcome

to Wheaton Family Dental Care. Thank you so much for being our guest!

Name (first) _____ (middle initial) _____ (last) _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____ Email _____

Male Female Date of Birth _____ Social Security # _____

Telephone (Home) _____ (Cell) _____ (Work) _____

Minor Single Married Divorced Widowed

Occupation _____ Employed by _____ Date Employed _____

Employer's Address _____ (city) _____ (state) _____ (zip code) _____

Yes No Are you a full-time student? If so, which school? _____

Whom may we thank for referring you? _____

What are your hobbies/interests? _____

Spouse's name _____ Spouse's Social Security # _____

Spouse's occupation _____ Spouse's work phone _____

Children's names & ages _____

Person to notify in an emergency _____ Phone _____

Dental Insurance Information

Insurance Name _____ Insurance Phone (toll-free) _____

Group # _____ Policy/ID # _____ (Union or Local # _____)

Insurance Company Address _____ (city) _____ (state) _____ (zip code) _____

Do you also have secondary insurance? Yes No (If yes, please supply insurance info)

Insured is self (**please skip to other side of page if insured is self**) spouse parent

Insured Name (first) _____ (middle initial) _____ (last) _____

Insured Social Security # _____ Date of Birth _____

Insured Address _____ (city) _____ (state) _____ (zip code) _____

~ please turn the page ~

Health Questions

Yes No Is your general health **good**?

Yes No Would you like whiter teeth?

Yes No Do you have any **allergies** to any medications, foods, metals, or jewelry?

If so, which ones? _____

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

Yes No High Blood Pressure

Yes No Heart surgery

Yes No Mitral valve prolapse

Yes No Congenital heart lesion

Yes No Artificial heart valve

Yes No Stroke

Yes No Malnourishment

Yes No Swollen ankles

Yes No Diabetes

Yes No Glaucoma

Yes No Liver Disease

Yes No Cancer

Yes No I am on dialysis

Yes No Drug/alcohol addiction

Yes No Prosthetic joints/implants (If yes, when was the artificial joint placed? _____)

Yes No Have you ever taken Fosamax, Boniva, Actonel or any cancer medications containing bisphosphonates?

Yes No Have you ever taken Fen-Phen/Redux?

Yes No Have you taken Cortisone or other steroids in the past 12 months?

Yes No Hospitalized for surgery or serious illness in the last 5 years (If yes, please explain: _____)

Women Only:

Yes No Are you pregnant or think you may be pregnant?

Yes No Are you nursing?

Yes No Are you taking birth control pills?

Yes No **Is there any other information about your health which should be known?**

If so, please describe: _____

Please list **all** current medications _____

Physician name, address, and telephone (if known) _____

Patient Name: _____

To the best of my knowledge, all of the preceding answers are correct. I understand that providing incorrect information can be dangerous to my health. If I have any changes in my health status or if my medicines change, I will inform the dentist at the next appointment. I also understand that as a service to me Wheaton Family Dental Care will assist me in processing my insurance claims. However, I am responsible for all fees in their entirety.

X _____

Patient (parent) signature

_____ Date

If you have dental insurance: SIGNATURE ON FILE

So you don't have to sign an insurance form at each dental visit, Wheaton Family Dental Care will maintain this "signature on file" for you. AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize any provider, Insurer or other Organization to release any information regarding the dental history, treatment, or benefits payable for this claim of the Plan Administrator or its authorized agent for the purpose of determining benefits payable. AUTHORIZATION to pay benefits to WHEATON FAMILY DENTAL CARE: I hereby authorize payment directly to Wheaton Family Dental Care for services rendered.

X _____

Patient (parent) signature

_____ Date

The highest compliment our patients can give us is the referral of their friends and family. Thank you for your trust.