

PATIENT INFORMATION

LAST NAME _____ BIRTHDATE: M ____ D ____ Y _____
FIRST NAME _____ MARITAL STATUS: Single Married Divorced Common Law Widow SEX: M F
PREF. NAME _____ PARENT OR GUARDIAN IF CHILD _____
ADDRESS _____ HOME PHONE _____ EMAIL _____
_____ WORK PHONE _____ CELL PHONE _____
POSTAL CODE _____ HOW DID YOU HEAR OF OUR OFFICE? _____

Name of Previous Dentist _____ Occupation _____

INSURANCE

Primary Plan(Self)

Secondary Plan(Spouse)

- | | | |
|----------------------------|--------------------------|--------------------------|
| 1) INSURANCE COMPANY NAME | _____ | _____ |
| 2) EMPLOYER NAME | _____ | _____ |
| 3) MEMBER'S NAME | _____ | _____ |
| 4) MEMBER'S BIRTHDATE | _____ | _____ |
| 5) GROUP OR POLICY # | _____ | _____ |
| 6) ID OR CERTIFICATE # | _____ | _____ |
| 7) Coverage | _____% basic _____%major | _____%basic _____% major |
| 8) Any Limits or Maximums? | _____ | _____ |

MEDICAL HISTORY

- | | | |
|--|---------|-------|
| 1) Have you been under the care of a physician in the past two years? | YES NO | _____ |
| 2) Have you ever had a serious illness and required admission to a hospital? | YES NO | _____ |
| 3) Have you ever had any type of allergies or a reaction to a drug? | YES NO | _____ |
| 4) Are you taking any medication at present? Please list: | YES NO | _____ |
| 5) Have you ever fainted? | YES NO | _____ |
| 6) Do you bleed easily or do cuts in your skin stay open a long time? | YES NO | _____ |
| 7) Do you have chest pain or difficulty breathing? | YES NO | _____ |
| 8) Have you ever had Heart Disease or High Blood Pressure? | YES NO | _____ |
| 9) Have you ever had Diabetes, Kidney disease, hepatitis or Epilepsy? | YES NO | _____ |
| 10) Have you ever had any injury, surgery or radiation to the face or jaw? | YES NO | _____ |
| 11) Are you or have you ever been a smoker? | YES NO | _____ |
| 12) Women-could you be pregnant? | YES NO | _____ |
| 13) Are you presently in good health? | YES NO | _____ |
| 14) Name of physician? _____ | phone # | _____ |

SIGNATURE _____

DATE _____

DENTAL HEALTH

Do you have any oral health concerns?

Do you have any medical conditions or are taking medications that you feel may be affecting your mouth?

Do you have any toothaches, pain or tenderness to hot, cold, sweet or biting?

When was your last dental exam? _____

When was your last cleaning? _____

Do you use any other dental care aids?

FUNCTION

Do you clench or grind your teeth? Yes No

Do you snore? Yes No

Do you have headaches, migraines, neck or shoulder aches? Yes No

Do you have difficulty opening, closing or chewing? Yes No

Does food get caught in your teeth? Yes No

Do your gums bleed or hurt? Yes No

Are any of your teeth loose or shifting? Yes No

Do you experience dry mouth? Yes No

Are you missing any teeth? Yes No

If yes, have they been replaced? Yes No

Are you happy with the replacement? Yes No

ESTHETIC

Is there anything that you would like to improve?

Spacing/crowding

Color

Size/shape

Bite/chipped edges

Alignment

Dark/amalgam (silver) fillings

Existing dental work

Other _____

Is there anything else about having dental treatment that you would like us to know?

HARMONY DENTAL STUDIO'S OFFICE POLICIES

INSURANCE AND PAYMENT

· Harmony Dental Studio is a 'Non Assignment Office'. What this means is that we ask for payment at the time of treatment, this allows us to focus on your dental care and quality of service. It is the responsibility of your dental insurance carrier to directly reimburse you for the portion of the procedure that is covered, as the actual contract is between you and the insurance company. Due to new privacy issues, some insurance companies will not discuss your coverage with a dental office. Usually insurance companies will reimburse you within 3-15 days which is much faster than payment to the dentist which can sometimes take up to 6 months!

It is our duty to guide you and give you treatment options that coincide with what you actually require. Your individual needs may be different from what your plan covers. Accepting your own claims means you are taking an active interest in your own dental health and becoming a better informed consumer. We would be happy to assist you with claims, send out predeterminations and provide you with estimates for future work. As a courtesy to you we would like to give you the option of accepting 'assignment' for your first visit as you may have been unaware of our policy. Please speak to the receptionist if you would like to take advantage of this option.

APPOINTMENTS

- 48 working hours notice is required to reschedule a booked appointment. If enough notice is not given there may be a fee of \$50 per ½ hour of missed appointment time applied to your account. Your appointment time is specifically reserved with you in mind.
- We know your time is valuable and we will make every effort possible to stay on schedule and in return we would appreciate our patients to arrive at their scheduled time as well. If more than 15 minutes has lapsed unfortunately we may have to reschedule your appointment.

REFERRALS

- We continue to accept new patients and encourage you to refer your friends and family to us. We very much appreciate your support and to thank you we do have a reward system in place!

SIGNATURE _____

DATE _____