

THE GENTLE DENTIST™

Exceptional Service  Remarkably Gentle

Dr. Melissa Baker, DDS
Dr. Brooke Fox, DDS
Dr. Lori Cronin, DDS
Dr. Jim McCray, DDS
Dr. Shayer Shah, DDS

Patient Information Form

Date: _____ Email Address: _____

Patient Name: _____ M or F Marital Status: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: (____) _____

Work Phone: (____) _____ Cell Phone: (____) _____

May we text you your appointment confirmations? _____ Yes _____ No

Birth Date: ____/____/____ Social Security#: _____

Employer Name and Address: _____

Financial Information

Do you have dental insurance? _____

Name and Address (if different from above) or person responsible for paying the account: _____

Name of Insured Person (insurance subscriber)? _____

Social Security # of insured: _____

Birth date of insured: _____

Employer of insured: _____

Name of dental insurance company: _____

(Optional) Credit Card # to keep on file for Copays: _____ Exp: _____

Are you a full-time student? _____ School/City/State _____

Health History Questions

- | | Yes / No |
|---|-----------|
| 1. Have you had a serious illness? | ____/____ |
| 2. Do you have a heart murmur or Mitral Valve Prolapse? | ____/____ |
| 3. Have you ever had any other heart problems/surgeries? | ____/____ |
| 4. Do you have high blood pressure? | ____/____ |
| 5. Have you ever had diabetes? | ____/____ |
| 6. Do you have any artificial joints? | ____/____ |
| 7. Do you currently or have you taken any prescription medications for the treatment of osteoporosis i.e....Fosamax, Actonel or Aredia? | ____/____ |
| 8. Have you ever had cancer treatment that involved bone replacement drugs like the above? | ____/____ |
| 9. Do you have any DRUG allergies, LATEX allergy, or reaction to medicines?
If yes, what are your allergies? _____ | ____/____ |
| 10. Please list any medications you are currently taking: _____ | |

- | | Yes / No |
|--|-----------|
| 11. Have you ever been treated for seizure disorder? | ___ / ___ |
| 12. Have you had any history of liver disease; such as cirrhosis, hepatitis, etc? | ___ / ___ |
| 13. Do you have any blood clotting disorders? | ___ / ___ |
| 14. Are you currently pregnant or nursing? Due Date: _____ | ___ / ___ |
| 15. Have you ever had excessive bleeding after a cut or injury? | ___ / ___ |
| 16. Do you experience frequent headaches? | ___ / ___ |
| 17. Does your jaw ever click or pop? | ___ / ___ |
| 18. Are you happy with the appearance of your smile?
What would you like to change? _____ | ___ / ___ |
| 19. Do you have any other medical problems not listed? | ___ / ___ |
| 20. When was your last dental cleaning? _____ | |
| 21. When were your last bitewing x-rays taken? _____ | |
| 22. When was your last panoramic x-ray taken? _____ | |
| 23. When was your last dental visit? _____ | |
| 24. What was done at your last dental visit? _____ | |
| 25. Why did you leave your last dentist? _____ | |
| 26. What did you like BEST about your last dentist? _____ | |
| 27. What did you like LEAST about your last dentist? _____ | |
| 28. Have you had any previous dental experiences that have been unpleasant? _____
_____ | |
| 29. Are you apprehensive about receiving dental care? _____ | |
| 30. What special concerns can we address for you today? _____
_____ | |
| 31. Who may we thank for referring you to us? _____ | |

Name of person to contact in case of emergency: _____

Phone # of person above: (____) _____ Relationship: _____

Persons to whom we may discuss your treatment and/or account: _____

Office Appointment Policy

We are committed to providing you with the most complete dental examination and care of the highest quality. We understand that your time is extremely valuable. This is why we offer appointments from 7:00am to 8:00pm Monday-Thursday, 8:30am to 2:00pm on Fridays and 9:00am to 2:00pm on most Saturdays.

Unless we have an emergency, you should **NEVER** wait more than 10 minutes after your appointment time. When we schedule an appointment for you, we have reserved that time for you and only you. For this reason, broken or missed appointments are catastrophic for us. **WE MUST CHARGE \$50 FOR AN APPOINTMENT THAT IS CHANGED OR BROKEN WITHOUT A 3 WORKING DAY NOTICE.** We do, of course, make exceptions for emergencies or illness on an individual basis.

WELCOME TO OUR PRACTICE!!! PLEASE LET US KNOW IF THERE ARE ANY WAYS IN WHICH WE MAY SERVE YOU BETTER!

Patient Signature

Date

Health History Updates: _____