



**Patient Information**

Last Name	First Name	Middle Initial	Name preference ( <i>Ms. Smith, Nickname</i> )
<input type="radio"/> Male      Marital Status <input type="radio"/> Female	Date of Birth <i>mm / dd / yyyy</i>	Social Security #	
<i>Full-time student?</i> <input type="radio"/> Yes <input type="radio"/> No	School Name	School City	State

**Contact Information**

Address	City	State	Zip Code
Email	Primary Phone <input type="radio"/> <i>Mobile</i> <input type="radio"/> <i>Home</i> <input type="radio"/> <i>Work</i> Alternative <input type="radio"/> <i>Mobile</i> <input type="radio"/> <i>Home</i> <input type="radio"/> <i>Work</i>		
<i>Contact Preference</i> <input type="radio"/> Email <input type="radio"/> Phone	<i>May we text you your appointment confirmations?</i> <input type="radio"/> Yes <input type="radio"/> No	<i>Who can we thank for referring us to you? (optional)</i>	

**Emergency & Treatment Contact**

First / Last Name	Relationship	Emergency Contact Phone
<i>Persons whom we may discuss your Treatment and/or Account</i>		
First / Last Name	Relationship	

**Account and Insurance Information**

<i>Do you have Dental Insurance?</i> <input type="radio"/> Yes <input type="radio"/> No	<i>Person responsible for Account Payment</i> <input type="radio"/> Self <input type="radio"/> Other	Insurance Subscriber's Date of Birth <i>mm / dd / yyyy</i>	
<i>Person responsible for Account Payment</i>	Last Name	First Name	Middle Initial
Account Payer's Address	City	State	Zip Code
<i>Name of Insured Person (Insurance Subscriber)</i>	Last Name	First Name	Middle Initial
Dental Insurance Company	Insurance Subscriber's Employer	Insurance Subscriber's Social Security #	

**Patient Dental Care History**

When was your last Dental Cleaning? _____ When were your last Bitewing X-rays taken? _____ When was your last Panoramic X-ray taken? _____ When was your last Dental Visit? _____ What was done at your last Dental Visit? _____	Why did you leave your last Dentist? _____ What did you like BEST about your last Dentist? _____ What did you like LEAST about your last Dentist? _____ What Special Concerns can we address for you today? _____ Are you happy with your Smile's appearance? What would you like to change? _____
Have you had any previous Dental Experiences that have been unpleasant and/or are you apprehensive about receiving Dental Care? _____	

**Patient Health History**

Yes No

- Have you had a serious illness?
- Have you ever had any heart problems/surgeries?
- Do you have high blood pressure?
- Have you ever had diabetes?
- Do you have any artificial joints?
- Do you have dry mouth?
- Do you currently or have you taken medications for the treatment of osteoporosis or cancer treatment involving **Fosamax, Actonel or Aredia**?
- Have you ever had cancer treatment that involved bone replacement drugs like the above?
- Do you have any DRUG allergies, LATEX allergy, or reaction to medicines? *If yes, what are your allergies?*

\_\_\_\_\_  
 Please list any medications you are currently taking:  
 \_\_\_\_\_

Yes No

- Have you ever been treated for seizure disorder?
- Have you had any history of liver disease; such as cirrhosis, hepatitis, etc?
- Do you have any blood clotting disorders and/or are you taking garlic, ginseng, ginko, or fish oil?
- Are you currently pregnant or nursing? **Due Date:**  
 \_\_\_\_\_
- Have you ever had excessive bleeding after a cut or injury?
- Do you experience frequent headaches?
- Does your jaw ever click or pop?
- Do you have any other medical problems not listed?

\_\_\_\_\_  
 Describe:  
 \_\_\_\_\_

**The Gentle Dentist - Practice Policies**

**Account Payment & Insurance Policy**

If you have dental insurance, our staff will be happy to help you understand your coverage including your deductibles and co-pays. However, it is not possible for us to know all of the details of each patient's specific plan, so we highly recommend talking with your insurance company or your benefits coordinator for more information.

We are an in-network provider for Delta Dental Premier. If you have another dental insurance company, it very likely provides insurance coverage at any dental office. However, your insurer's set or allowable fee for some services may be different than our practice's actual fee for those services. If this is the case, you will be responsible for paying the difference between the insurance company's fee and ours. Typically, such amounts are nominal. But if you have questions or concerns, please ask our staff, and we will be happy to help you estimate what you may owe.

No matter your carrier, we will gladly submit your insurance paperwork for you. If you have a co-pay, it will be due at the time of service. We will then wait for your insurance company to pay your insurance benefit directly to us. We file insurance claims the same day of your service, and we follow up with your insurance company for any claims that are not paid after 30 days. If your insurance company still has not paid us after 60 days, the balance will become your responsibility and is due in full. A billing fee of 1.5% (18% APR) will be applied to any unpaid balances after 90 days.

**Appointment Cancellation Policy**

**The Gentle Dentist is proud of running on schedule to the minute. To make sure no patient is ever kept waiting, we kindly ask you to give us 72-hours (3 days) notice if you need to change or cancel your appointment.**

We know your time is valuable and your schedule is full. We are proud to offer extended appointment hours from 7:00am to 8:00pm Monday-Thursday, 8:00am to 2:00pm on Fridays, and 9:00am to 2:00pm on Saturdays to accommodate your needs.

When you make an appointment, your appointment time is reserved for you and only you. It includes a complete dental examination and allows time for the highest quality care. Unless we have an emergency, you will NEVER have to wait past your scheduled appointment time.

To keep this commitment, **we do charge \$50 per hour for broken or missed appointments** unless you cancel or change your appointment at least 3 days in advance. We do, of course, make exceptions for emergencies or illness. Please give us a call for more information.

\_\_\_\_\_  
 Patient or Responsible Person's Signature

\_\_\_\_\_  
 Date



**Welcome to The Gentle Dentist!**

*Please let us know if there are any ways in which we may serve you better.*