Former Dentist: Date of Last X-Rays:

City, State: How Often Do You Floss? :

Date of Last Dental Visit: How Often Do You Brush? :

**Medical History**

**Please check YES or NO for all questions in this section (#1 – 9):**

YES NO YES NO

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Are you currently under medical treatment? |  |  |  | 8. Have you ever had an allergy or sensitivity to: |  |  |
| Local Anesthetic (ie. novocaine) |
| 2. Have you ever had any serious illnesses or operations? |  |  |  | Any Antibiotics (Please specify below) |  |  |
| 3. Are you currently taking any medications? (Including OTC ie: baby aspirin) If YES, **Please Specify**: |  |  |  | Sulfa Drugs |  |  |
| Barbiturates (sleeping pills) |  |  |
| Aspirin |  |  |
| 4. Do you smoke (tobacco or recreational)? |  |  |  | Sedatives |  |  |
| Iodine |  |  |
| 5. Do you use alcohol regularly? (more than twice a week) |  |  |  | Latex |  |  |
| 6. Do you use chewing tobacco? |  |  |  | Other (Please specify below) |  |  |
| 7. (Women Only) Are You: Pregnant? |  |  | 9. Have you ever been told by a physician that you need to premedicate with antibiotics? **If so, for what?** |  |  |
| Nursing? |  |  |
| Taking Birth Control? |  |  |

**Please check all that apply: (Including anything being controlled by medications, ie. HBP)**

**(Only mark if “YES”)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Abnormal Bleeding  (with extractions or surgery) |  |  | Dialysis |  |  | Pacemaker |  |
| Emphysema |  | Psychiatric Care |  |
| AIDS |  |  | Epilepsy |  |  | Radiation Treatment |  |
| Anemia |  |  | Fainting or Dizziness |  |  | Respiratory Disease |  |
| Arthritis, Rheumatism |  |  | Glaucoma / Cataract |  |  | Rheumatic Fever |  |
| Artificial Heart Valve |  |  | Headaches |  |  | Scarlet Fever |  |
| Artificial Joints /Any “Replacements” |  |  | Heart Murmur |  |  | Sinus Trouble |  |
| Asthma |  |  | Heart Problems |  |  | Stroke / TIA |  |
| Back Problems |  |  | Hepatitis - Type { } |  |  | Swelling of Feet/Ankles |  |
| Blood Disease |  |  | Herpes |  |  | Swollen Neck Glands |  |
| Cancer |  |  | High Blood Pressure |  |  | Thyroid Problems |  |
| Chemical Dependency |  |  | HIV Positive |  |  | Tuberculosis |  |
| Chemotherapy |  |  | Jaundice |  |  | Tumor/ Growth on head or neck |  |
| Chronic Fatigue Syndrome |  |  | Kidney Disease |  |  | Ulcers |  |
| Circulatory Problems |  |  | Liver Disease |  |  | Venereal Disease / STD’s |  |
| Congenital Heart Lesions |  |  | Low Blood Pressure |  |  | Vertigo |  |
| Cortisone Treatments |  |  | Mitral Valve Prolapse |  |  | OTHER- **Please specify:** |  |
| Cough – persistent or bloody |  |  | Nervous Problems/Anxiety |  |  |
| Diabetes |  |  |  |  |  |  |  |

**Assignment and Release**

I hereby authorize payment directly to Robert Lustbader D.D.S. for all insurance benefits otherwise payable to me for services rendered. ***I understand that I am financially responsible for all charges, whether or not paid by insurance, and for all services rendered on my behalf or my dependents.*** I authorize the above doctor and/or any provider or supplier of services in this office to release the information required to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

**Divorce Cases:** In the case of divorce, the individual who receives the care is responsible of their own co-pays, coinsurance, and non-participating insurance balances at the time of service regardless of who holds the insurance coverage. We will not bill the divorced spouse for the patient’s services.

**Child Custody Cases**: The parent with the primary custody is usually the parent with whom the child lives and is typically the one bringing the child to the practice for care. The custodial parent is held responsible for all payments due whether the account is self pay, participating insurance or non-participating insurance. If the non-custodial parent carries the insurance on the child, the office will bill that insurance company although co pays will still be billed to the custodial parent. The practice **does not get involved** with divorce specifics (ie: one parent pays 80%, the other pays 20%) and it is the responsibility of the parents to work out an agreement among themselves outside of the office or through the court system prior to treatment.

***Insurance/Deductible: The patient is expected to present a valid insurance card at each visit. It is your responsibility to either have it with you or be prepared to provide payment of services in full at the time of visit. All past due balances and deductibles are expected at the time of service. If you do not have an insurance card, you must have documented proof of insurance whether from the carrier or your human resources department before being seen.***

Signature of Responsible Party Date