

Dana A. Weinreich, D.D.S.

FAMILY & COSMETIC DENTISTRY

480.837.1315

www.drdanaweinreich.com

NEW

PATIENT HISTORY AND INFORMATION

The following information, which is confidential, is requested by the Doctor to give you personal attention and thorough diagnosis. Please complete all 3 pages

Patient's name _____ single, married, divorced, widowed
(CIRCLE ONE)

Address _____ City/State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Business Phone _____

Permission to leave message at home #? Y _____ N _____ Work Y _____ N _____ Cell Y _____ N _____

Permission to speak or leave message with spouse? Y _____ N _____

Email Address _____

Date of Birth _____ Place of Birth _____ Soc. Sec.No. _____

Your Employer _____ Dental Insurance Co. _____

Responsible Party _____ DOB _____ Soc. Sec. No. _____

Spouse (Parent's) Name _____ Occupation _____

Employer _____ Business Phone _____

Whom may we thank for referring you to our office? _____

MEDICAL HISTORY

Physician's name _____ Last physical exam? _____

Are you under Medical Treatment now? Y _____ N _____ Why? _____

Are you taking any Medication now? Y _____ N _____ What kind? _____

Are you sensitiveto any Medications? Y _____ N _____ Whichones? _____

Do you have any Allergies? Y _____ N _____ What kind? _____

HAVE YOU EVER HAD

☐ Abnormal Bleeding

☐ Alcohol Abuse

☐ Allergies

☐ Anemia

☐ Angina Pectoris

☐ Arthritis

☐ Artificial Bones

☐ Artificial Heart

☐ Asthma

☐ Blood Transfusion

☐ Cancer-Chemotherapy

☐ Colitis

☐ Congenital Heart

☐ Cosmetic Surgery

☐ Diabetes

☐ Difficulty Breathing

☐ Drug Abuse

☐ Emphysema

☐ Epilepsy

☐ Fainting Spells

☐ Fever Blisters

☐ Frequent Headaches

☐ Pregnant/Nursing

☐ Glaucoma

☐ Hay Fever

☐ Heart Attack

☐ Hemophilia

☐ Hepatitis (A) (B)

☐ High Blood Pressure

☐ HIV & AIDS

☐ Kidney Problems

☐ Liver Disease

☐ Low Blood Pressure

☐ Mitral Valve Prolapse

☐ Pace Maker

☐ Pneumocys

☐ Psychiatric Problems

☐ Radiation Therapy

☐ Rheumatic Fever

☐ Seizures

☐ Shingles

☐ Sickle Cell Disease

☐ Sinus Problems

☐ Stroke

☐ Thyroid Problems

☐ Tuberculosis

☐ Ulcers

☐ Venereal Disease

☐ Yellow Jaundice

INT/DATE- OFFICE USE ONLY

DENTAL HISTORY

Are You Having a Specific Dental Problem? _____

When Was Your Last Dental Appointment? _____

Purpose _____

Did You Have X-Rays at That Time? _____

How Often Do You Have Your Teeth Cleaned/Examined? _____

What is Your Reaction To Have Dental Work Done? Don't Mind It ☐ Worry About It ☐ Dread It ☐

Other _____

Have You Ever Had Your Teeth Straightened? Y _____ N _____

Do You Like Your Smile? Y _____ N _____

Would You Like To Have Whiter Teeth? _____

Have You Lost Any Teeth? _____ Were They Replaced? _____

How Would You Describe Your Present Dental Health? ☐ Good ☐ Fair ☐ Poor

Are Any Teeth Sensitive to Heat, Cold, Pressure and/or Sweets? _____

Have You Ever Been Told You Have a Bite Problem? Y _____ N _____

Do You Have Any Pain in the Area of Your Ear? _____

Do You Hear Popping, Clicking or Snapping Noises When You Chew? _____

Do Your Gums Bleed When Brushing? Y _____ N _____

Have Your Gums Ever Been Treated? Y _____ N _____

How Often Do You Brush Your Teeth? _____

Do You Use Floss, Stimulator, Water Jet _____

Have You Ever Been Shown Plaque Control Methods? Y _____ N _____

Do You Have Any Oral Habits Such As: ☐ Cheek Biting ☐ Tongue Thrusting ☐ Nail Biting ☐ Teeth Grinding

☐ Finger Sucking ☐ Mouth Breathing _____ ☐ Others _____

What Do You Hope We Will Be Able to Accomplish For You? _____

Are there any other Medical conditions we should be aware of? _____

Signed _____ Date _____

We reserve the right to charge for missed appointments

Thank you for furnishing us the above information

ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

"You May Refuse to Sign This Acknowledgement"

_____ I have received a copy of this office's Notice of **Privacy Practices**.
{ Patient Name }

{Please Print Name}

{Signature of patient or legal guardian over the age of 18 years}

{Date}

For Office Use Only

We- attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)