

Crossroads Family Dentistry

8101 S. Walker Suite D, Oklahoma City, OK 73139 (405)631-0322

PATIENT INFORMATION AND HEALTH HISTORY

CONFIDENTIAL

PATIENTS NAME		LAST	FIRST	MIDDLE	PREFERED
ADDRESS		STREET OR PO BOX		CITY	STATE ZIP
HOME PHONE		WORK PHONE	CELL PHONE		MARITAL STATUS
AGE	M or F	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER AM / PM	
E-MAIL ADDRESS			APPOINTMENT PREFERENCE		
PATIENTS OCCUPATION		EMPLOYER	ADDRESS	LENGTH EMPLOYED	
PARENT OR SPOUSE NAME		ADDRESS		SOCIAL SECURITY NUMBER	
OCCUPATION		EMPLOYER	ADDRESS	LENGTH EMPLOYED	
REFERRED BY		EMERGENCY CONTACT NAME		PHONE NUMBER	

HAVE YOU EVER HAD ANY OF THE FOLLOWING CONDITIONS? (Check only if "yes")

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Hepatitis A or B | <input type="checkbox"/> Prolonged Bleeding | <input type="checkbox"/> Penicillin Allergy | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Liver involvement | <input type="checkbox"/> Novocaine Allergy | <input type="checkbox"/> HIV Risk Group |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Codeine Allergy | <input type="checkbox"/> HIV Positive |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Stomach ulcers | <input type="checkbox"/> Other Allergies | <input type="checkbox"/> Unfavorable reaction |
| <input type="checkbox"/> Chest Pains | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Shortness of Breath/Asthma | <input type="checkbox"/> to dental treatment |
| <input type="checkbox"/> Kidney | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Transplant or Replacement |

Any other conditions or treatments? _____

Are you under the treatment of a physician? Yes No Blood Pressure _____

Name of Physician _____ Address _____ Phone Number _____

Please list any medications you are currently taking. _____

Are you pregnant? Yes No Due Date _____ Physicians Name _____

PAYMENT OPTIONS

1. Cash and Personal Checks with valid identification.
2. Mastercard, Visa, and Discover
3. We do accept consignment of your insurance payment if we are able to verify coverage prior to the appointment. This means that you are responsible for your deductible and the estimated portion that your insurance will not cover when you see the doctor. Remember, however, **YOU ARE RESPONSIBLE FOR THE ACCOUNT. IN THE EVENT THE INSURANCE COMPANY DOES NOT PAY THE TOTAL ESTIMATED, YOU ARE RESPONSIBLE FOR THE BALANCE.**

WE ASK THAT EVERY PATIENT GIVE US A COURTESY 24 HOUR NOTICE TO CANCEL APPOINTMENTS FAILURE TO DO SO WILL RESULT IN A \$25 MISSED APPOINTMENT CHARGE.

SIGNATURE OF PATIENT (OR LEGAL GUARDIAN) _____ DATE _____

RESPONSIBLE PARTY

NAME _____ RELATIONSHIP TO PATIENT _____
ADDRESS _____ HOME PHONE _____
EMPLOYER _____ WORK PHONE _____
DRIVERS LICENSE NUMBER _____ DATE OF BIRTH _____
IS ANY MEMBER OF YOUR IMMEDIATE FAMILY CURRENTLY A PATIENT IN THIS OFFICE? _____

DENTAL INSURANCE INFORMATION

NAME OF INSURED _____ RELATIONSHIP TO PATIENT _____
DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ DATE EMPLOYED _____
NAME OF EMPLOYER _____ WORK PHONE _____
EMPLOYER ADDRESS _____
INSURANCE COMPANY _____ GROUP NUMBER _____ PHONE _____
IF PATIENT IS A STUDENT, NAME OF SCHOOL / COLLEGE _____

SECONDARY DENTAL INSURANCE INFORMATION (IF ANY)

NAME OF INSURED _____ RELATIONSHIP TO PATIENT _____
DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ DATE EMPLOYED _____
NAME OF EMPLOYER _____ WORK PHONE _____
INSURANCE COMPANY _____ GROUP NUMBER _____ PHONE _____
IF PATIENT IS A STUDENT, NAME OF SCHOOL / COLLEGE _____

SIGNATURE OF PATIENT (OR LEGAL GUARDIAN) _____ **DATE** _____

(THIS AREA FOR OFFICE USE ONLY!!)

INS CO NAME _____	MAX _____ ANNUAL / FISCAL _____
PHONE NUMBER _____	DED _____ PREV _____
CLAIMS ADDRESS _____	BASIC _____ MAJ _____
_____	PRIOR EXT COVG Y N EFF DATE _____
COVG FOR SELF / FAMILY / _____	PRO LIMIT _____ BWX LIMIT _____
WAITING PERIOD _____	FMX or PANO _____
	SEALANTS _____