

# Dr. Dan Stevens Family Dentistry

## We Would Like To Get To Know You Better

First Name \_\_\_\_\_ Last \_\_\_\_\_ M.I. \_\_\_\_ Male Female Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ D.L. \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer Phone \_\_\_\_\_ Who referred you to our office? \_\_\_\_\_  
Person responsible for dental investment \_\_\_\_\_ Email: \_\_\_\_\_

### Insurance

Name of Primary Insurance Company \_\_\_\_\_  
Whose \_\_\_\_\_ SS Number \_\_\_\_\_ Member Number \_\_\_\_\_  
Name of Secondary Insurance Company \_\_\_\_\_  
Whose \_\_\_\_\_ SS Number \_\_\_\_\_ Member Number \_\_\_\_\_

### Medical History

Are you currently under a physician's care? Yes No  
Reason: \_\_\_\_\_ Date of your last check-up: \_\_\_\_\_  
Any significant findings? \_\_\_\_\_  
Are you on any medications? (Prescription, OTC and Supplements)  
Please list: \_\_\_\_\_  
Have you had surgery or hospitalizations in the last five years?  
Please list: \_\_\_\_\_

To the best of your knowledge do you or have you ever had:

	Yes	No		Yes	No
Need pre-medication for dental appointments			Healing complications		
Heart condition _____			Sinus conditions		
Diabetes			Arthritis _____		
Rheumatic Fever			Cancer _____		
Epilepsy			Asthma		
High / Low blood pressure			Allergy to any drug, anesthetic or latex		
Respiratory Disease			_____		
Hepatitis			Are you pregnant?		
Aids / HIV			Do you use tobacco products? _____		
Blood disorder or prolonged bleeding			_____		
Stroke			Have you had bisphosphonate therapy?		
			Other _____		

I hereby authorize release of any information, including the diagnosis and records or treatment or examinations rendered, to my insurance company or companies. I authorize payment directly to the doctor, of insurance benefits to which I am entitled.

Signature \_\_\_\_\_ Date \_\_\_\_\_