



SUMMIT FAMILY DENTISTRY

Richard L. Harvey, D.D.S. Brian L. Secrist, D.D.S.

Welcome To Our Dental Office!

12999 West Bowles Drive, Littleton, CO 80127

303-989-9010 • Fax: (303) 989-0271

www.summitfamilydentistry.com

1. The Patient

Today's Date: _____

Name _____ Preferred Name _____

Birth Date _____ Age _____ SS# _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____ Preferred Contact Method _____

Employer _____ Occupation _____

Spouse's Name _____ Spouse's Work Number _____

Family Members Seen Here _____

Emergency Contact _____ Phone _____

How did you hear about our office? _____

2. Medical History

Are you currently under a physician's care? Y N If so, why _____

Please list all current medications _____

(Women) Are you pregnant? Y N If yes, when are you due? _____

Have you ever had: (circle positive answers)

Diabetes, Hepatitis, High/Low Blood Pressure, Tuberculosis, Epilepsy, Seizures, Fainting Spells, Psychiatric Treatment, Joint Replacements, Prolonged Bleeding, AIDS/HIV Positive

Jaundice, Excessive Urination and/ or Thirst, Hypoglycemia, Thyroid Disease, Ulcers, Anemia, Heart Disease, Pacemaker, Mitral Prolapse, Heart Valve Repair, Congenital Heart Lesions, Rheumatic Fever, Stroke, Sinus Trouble, Asthma, Respiratory Diseases, Venereal Disease, Cancer, Arthritis, Cochlear Implants, Other Transplants, Healing Complications, Blood Transfusions Prior to 1986, Glaucoma

Do you have a latex allergy? Y N

Allergic to: Penicillin, Codeine, Local Injected Anesthetics. Other Allergies: _____

Taken Fen-Phen? Y N Tobacco use? Cigarettes, Chewing tobacco. Amount? _____ How Long? _____

Have you ever had to premedicate with an antibiotic before a dental appt.? Y N

Surgeries? What type and when _____

Have you ever taken bisphosphonates? Such as: Fosamax, Zometa, Actonel, Aredia, Boniva or Didronel. Y N

Do you have a history of Chemical/Alcohol dependency? Y N

Any other health concerns? _____

Physician's Name _____ Phone _____

3. Dental History

What brings you to our office today? _____

Are any of your teeth sensitive to:

Heat Y N Cold Y N

Biting Pressure Y N Sweets Y N

Are you currently experiencing any dental pain? Y N

Does food catch in your teeth? Y N

Have you ever had any teeth extracted? Y N

Do your gums bleed when brushing or flossing? Y N

Do you like the appearance of your teeth? Y N

Would you like to have whiter teeth? Y N

Do you feel you may someday wear dentures? Y N

When did you last see a dentist? _____

Why did you leave your last dentist? _____

The information I have given today is correct to the best of my knowledge. I have reviewed a copy of the office’s Notice of Privacy Practice. I understand that I must inform the office of any changes in my medical status.

Signature _____ Date _____

4. Financial Agreement

FINANCIAL RESPONSIBILITY, ASSIGNMENT OF INSURANCE AND RELEASE

I have reviewed Summit Family Dentistry’s financial policy. **I am financially responsible for all charges incurred during treatment whether paid by insurance or not.** If I have insurance coverage as listed below, I assign to Summit Family Dentistry any insurance benefits for services rendered. I authorize a release of all information necessary to secure payment and authorize the use of the below signature on all insurance forms. All accounts which become thirty days **delinquent** are subject to a **1.5% finance charge per month** on the past due amount. This is an annual percentage rate of 18%. I also understand that I may be charged \$50 for a missed appointment or cancellation when providing less than 48 hours notice.

Signature _____ Date _____

Printed Name _____

DENTAL INSURANCE Y N (As a courtesy, our office will submit claims for you in most cases.)

Insured’s Name _____ Birth Date _____ ID# _____

Employer _____ Group Plan Policy # _____

Insurance Company _____ Phone _____

Insurance Company Address _____

Do you have secondary insurance? Y N