

Registration and Health History, Drs. Cathy and Kevin Mowry, Foundation Periodontics, P.A.

Date: _____
PATIENT name: _____
Sex: _____
Age: _____
Birthdate: _____
Social security number: _____
Home address: _____
Home phone: _____
Work phone: _____
Cellular phone: _____
Email: _____
Employer and occupation: _____

Any special interests or hobbies? _____
Who referred you to our office? _____
Have family/friends been treated here, and who? _____

IF YOU ARE UNDER AGE 18, please provide information for person responsible for account:

Responsible party name: _____
Address: _____
Contact phone numbers and email: _____
Employer and occupation: _____
Social security number: _____
Relationship to patient: _____
Emergency contact (name, phone numbers): _____

Dental benefit ("insurance") company name, primary: _____
Policyholder name: _____ Relationship: _____
Group number: _____ Policy number: _____
Secondary: _____

Who is your dentist? _____
Have you ever had a "special cleaning," or a "deep cleaning?" _____
Have you ever had "gum surgery" or dental implants? _____
Are you usually nervous about having dental treatment? _____

Do you smoke, or have you ever smoked, and how much? _____
Are you pregnant or nursing (please specify) _____
Do you take oral contraceptives? _____

Who is your regular physician? _____
Who is your cardiologist (if applicable)? _____

Who is your joint replacement surgeon (if applicable)? _____

When was your last MD visit, and for what? _____

List any surgeries and year: _____

PLEASE LIST ALL MEDICATIONS YOU TAKE, INCLUDING CONTRACEPTIVES, VITAMINS, OR HORMONE SUPPLEMENTS, ASPIRIN OR TYLENOL/ADVIL:

Health history (please **circle if you have had or have** the listed condition, and list year)

Heart murmur	Glaucoma
Rheumatic fever	Thyroid disease
Mitral valve prolapse	Cancer
Artificial heart valve	Chemotherapy
Artificial joint	Radiation
Lupus	Tumors/growths
Pacemaker	Asthma
High blood pressure	Seasonal allergies
Heart attack	Emphysema
Stroke	Skin rashes
Chest pain/shortness of breath	Hives
Swollen ankles	Epilepsy/convulsions
Diabetes	Arthritis/Rheumatism
Frequent thirst or urination	Cortisone treatments
Prostate cancer or enlargement	Long-term steroids
Kidney disease	Stomach ulcers
Liver disease	Fainting/dizziness
Hepatitis A,B,C,D, or E	Tuberculosis
Blood disorder or hemophilia	Depression
Bruise easily	Alcoholism
Abnormal bleeding	Drug addiction
Taking blood thinners	HIV/AIDS
Anemia	Venereal diseases

Other illness not listed: _____

Please **circle any drugs you are allergic to** or have had adverse reactions to:

PENICILLIN	TETRACYCLINES	VALIUM
ASPIRIN	CODEINE	TYLENOL
LOCAL ANESTHETICS	LATEX	NITROUS OXIDE

List others: _____

Consent for periodontal examination and testament that health history information is accurate:

I authorize the doctors and staff of Foundation Periodontics, PA to take xrays, study models, photographs, or any other diagnostic aids deemed necessary by them to make a diagnosis and treatment plan. I also acknowledge that all treatment and examination fees are ultimately my responsibility if my dental benefits do not allow for them, and payment is due at the time of service unless arrangements have been made prior to the appointment. I also understand that before any treatment is provided, it will be explained to me, and I will be given the opportunity to ask questions, or deny the treatment.

Signature of patient or guardian _____ Date _____

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES
FOR FOUNDATION PERIODONTICS, P.A.**

You may refuse to sign this acknowledgement

I, _____, have received and/or read online at
mowryperio.com a copy of Foundation Periodontics, P.A.'s Notice of Privacy Practices.

Printed name _____

Signature _____

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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other as

specified: _____