

Patient information

Patient's full name	Sex
Patient's home/mailling address	
City, State, Zip	
Phone	Date of Birth
Name of Care Facility	
Facility Contact	
Name	Title
Facility Address	
City, State, Zip	
Phone	
Name of Physician	
Physician's Address	
City, State, Zip	
Physician's Phone	Fax

Health History

(Please select all that apply)

- | | |
|---------------------------------|---------------------------------|
| - Heart Disease | - Recent Weight Loss |
| - Heart Murmur | - Frequent Diarrhea |
| - Angina / Chest pain | - Diabetes |
| - Heart Attack / Failure | - Excessive Thirst |
| - Congenital Heart Disorder | - Hypoglycemia |
| - Mitral Valve Prolapse | - Liver Disease |
| - Artificial Heart Valve | - Hepatitis A (infectious) |
| - Pace-maker | - Hepatitis B or C |
| - Heart Surgery | - Night Sweats |
| - High / Low Blood Pressure | - Yellow Jaundice |
| - Unexplained Fever | - Kidney Problems |
| - Stroke | - Renal Dialysis |
| - Blood Disease | - Thyroid Disease |
| - Bruise Easily | - Parathyroid Disease |
| - Anemia | - Arthritis / Gout |
| - Excessive Bleeding | - Rheumatism |
| - Sickle Cell Anemia | - Jaw Joint Pain |
| - Hemophilia (bleeding problem) | - Cortisone Medicine |
| - Leukemia | - Artificial Joint (knee / Hip) |
| - Recent Blood Transfusion | - Venereal Disease |
| - Swelling of Limbs / ankles | - AIDS |
| - Scarlet Fever | - HIV Positive |
| | - Drug / Alcohol Addiction |

Financial Arrangements

To avoid any misunderstandings all professional fees are charged directly to the patient and it is the responsibility of the patient for payment of dental hygiene fees.

All fees are due in at the time of service, unless other financial arrangements are made in advance.

Name of responsible party:

Phone #:

Relationship to patient:

Mailing/Billing Address:

Consent for Treatment

I, understand, being the patient, or having power of attorney of the named patient, consent to review of medical records and dental hygiene treatment as necessary or desirable to the care of the patient.

Signed:

Date:

Review:

Date:

Additional comments:

We accept private pay, cash, Credit cards (Visa or Master card)

Notification to Consumers

Dental Hygienists are licensed and regulated by the Dental Hygiene Committee of California

(916) 263-1978

WWW.dhcc.ca.gov