Atglen Family Dentistry

Health History Form

Name (Including Middle Initial)				Today's Date
Address				Date of Birth
Home Phone	Business Phone			Mobile Phone
Social Security Number	☐ MALE	☐ FEMALE	☐ SINGLE	☐ MARRIED ☐ WIDOWED
E-mail Address				
Employer and/or Name of College				
Emergency Contact person		Relationship		Phone Number

Dental Insurance Information (if applicable)

Primary Insurance Company	Group #	
Subscriber Name	Birth Date	
ID #	Social Security Number	Employer (if applicable)

Dental History

Why have you come to the dentist today?		
What would you like to change?		
Are you currently in pain?	☐ NO	☐ YES
Do you require antibiotics prior to a dental treatment?	☐ NO	☐ YES
Have you ever had a difficult problem associated with dental work?	☐ NO	☐ YES
Have you ever been treated for periodontal (gum) disease?	☐ NO	☐ YES
Do you use any tobacco products?	☐ NO	☐ YES
Do you brush daily?	☐ NO	☐ YES
Do you floss daily?	☐ NO	☐ YES
Have you ever experienced pain or discomfort in your jaw joint (TMJ/TMD)?	☐ NO	☐ YES
Are your teeth sensitive to hot/cold/anything else?	☐ NO	☐ YES
Are you happy with your smile?	☐ NO	☐ YES

See Second page...

Atglen Family Dentistry
Dr. Onyinye C Myers DDS
355 Gap Newport Pike
Christiana, PA 17509

Main: (610) 593-2818
Fax: (610) 467-2788
info@AtglenFamilyDentistry.com
www.AtglenFamilyDentistry.com

Atglen Family Dentistry

Medical History

Name (Including Middle Initial)		Date of Birth
Name of personal physician	Phone Number	Approx. date of last visit

Have you had any serious health problems in the last five (5) years? If yes, please explain:

(For women) Are you currently pregnant? If yes, how many months?

Please list prescription medication. Do not leave anything out regardless of its relationship to dentistry.

Have you EVER taken any medications for the treatment of osteoporosis (Fosamax, Boniva, Aredia, etc?) ☐ NO ☐ YES

Please check if you are allergic to any of the following:

☐ Local anesthetics
☐ Penicillin/other antibiotics
☐ Barbiturates, sedatives, sleeping pills
☐ Sulfa drugs
☐ Aspirin
☐ Shellfish, iodine or red wine
☐ Codeine/other narcotics
☐ Latex sensitivity
☐ Other, Please specify:

Do you have or have you had any of the following:

☐ AIDS/HIV Positive	☐ Congenital Heart Disorder	☐ Hay Fever	☐ Kidney Problems	☐ Scarlet Fever
☐ Anaphylaxis	☐ Convulsions	☐ Heart Attack/Failure	☐ Leukemia	☐ Shingles
☐ Artificial Heart Valve	☐ Cortisone Medicine	☐ Heart Murmur	☐ Liver Disease	☐ Sickle Cell Disease
☐ Artificial Joint	☐ Diabetes	☐ Heart Trouble/Disease	☐ Low Blood Pressure	☐ Sinus Trouble
☐ Asthma	☐ Drug Addiction	☐ Hemophilia	☐ Lung Disease	☐ Spina Bifida
☐ Blood Disease	☐ Emphysema	☐ Hepatitis A	☐ Pain in Jaw Joints	☐ Stomach/Intestinal Disease
☐ Blood Transfusion	☐ Epilepsy or Seizures	☐ Hepatitis B or C	☐ Parathyroid Disease	☐ Stroke
☐ Breathing Problem	☐ Excessive Bleeding	☐ Herpes	☐ Psychiatric Care	☐ Thyroid Disease
☐ Cancer	☐ Fainting Spells/Dizziness	☐ High Blood Pressure	☐ Radiation Treatments	☐ Tonsilitis
☐ Chemotherapy	☐ Frequent Cough	☐ Hives or Rash	☐ Recent Weight Loss	☐ Tuberculosis
☐ Chest Pains	☐ Frequent Headaches	☐ Hypoglycemia	☐ Renal Dialysis	☐ Tumors or Growths
☐ Cold Sores/Fever Blisters	☐ Glaucoma	☐ Irregular Heartbeat	☐ Rheumatic Fever	☐ Ulcers

Have you ever had any serious illness not listed above? If yes, please explain:

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We are committed to providing you with be best possible dental care. If you have dental insurance, we are here to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

We accept cash, checks and credit card payments. Returned checks are subject to applicable bank fees of not less than $25.00.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

You MUST realize, however, that:

1. Although we file claims for you as a courtesy, your dental insurance policy is a contract between you and your insurance company.
2. Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will cover.
3. All co-payments are to be made at the time of service.
4. You are responsible for informing us of any changes in your insurance plan or policy. Failure to do so may result in denial of coverage, the fees for which you will be held responsible.
5. Please note that deductibles, co-insurance and co-pays are the RESPONSIBILITY of the patient/policyholder.
6. Separated & Divorced Couples with Dependent Children: Any court order between parents is a civil suit. The parent who brings the child is responsible for the charges.

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Thank you for your understanding of our Office Financial Policy. If you have any questions, please do not hesitate to ask.

I HAVE READ THE OFFICE FINANCIAL POLICY OF ATGLEN FAMILY DENTISTRY, ONYINYE C MYERS LLC
I UNDERSTAND AND AGREE TO THIS POLICY AND HAVE HAD ALL MY QUESTIONS ANSWERED.

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