NEW PATIENT REGISTRATION

FIRST NAME	LAST NAME	MIDDLE INITIAL	BIRTH DATE

ADDRESS

CITY STATE ZIP

PHONE (H) (C)	EMAIL
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER

SEX: ☐ M ☐ F IS PATIENT POLICY HOLDER? ☐ Y ☐ N

EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE

RESPONSIBLE PARTY INFORMATION (IF SOMEONE OTHER THAN PATIENT)

FIRST NAME	LAST NAME	MIDDLE INITIAL	BIRTH DATE

ADDRESS

CITY STATE ZIP

PHONE (H) (C)	EMAIL
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER

SEX: ☐ M ☐ F RELATIONSHIP TO PATIENT ☐ SPOUSE ☐ CHILD ☐ OTHER

PRIMARY INSURANCE INFORMATION

EMPLOYER	EMPLOYER ADDRESS
DENTAL INSURANCE CO.	
GROUP NUMBER	MEMBER ID

SECONDARY INSURANCE INFORMATION

EMPLOYER	EMPLOYER ADDRESS
DENTAL INSURANCE CO.	
GROUP NUMBER	MEMBER ID

NEW PATIENT REGISTRATION

PATIENT NAME	BIRTH DATE	CREATION DATE

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have or medication you may be taking, can impact your dental health.

MEDICAL HISTORY

Are you under a physician's care now?	Y N	If YES:	
Have you ever been hospitalized or had a major surgery?	Y N	If YES:	
Have you ever had a serious head or neck injury?	Y N	If YES:	
Are you taking any medications, pills or drugs?	Y N	If YES:	
Do you take, or have you taken, Phen-Fen or Redux?	Y N	If YES:	
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?	Y N	If YES:	
Are you on a special diet?	Y N	If YES:	
Do you use tobacco?	Y N	If YES:	
Do you use controlled substances?	Y N	If YES:	

WOMEN: Are you...

☐ Pregnant/Trying to get pregnant? ☐ Nursing? ☐ Taking Oral Contraceptives?

Are you allergic to any of the following?

☐ Aspirin ☐ Penicillin ☐ Codeine ☐ Acrylic

☐ Metal ☐ Latex ☐ Sulfa Drugs ☐ Local Anesthetics

☐ Other? If YES:

DENTAL HISTORY

Do you have, or have you had, any of the following?

AIDS/HIV Positive	Y N	Cortizone Medicine	Y N	Hemophilia	Y N	Radiation Treatments	Y N
Alzheimer's Disease	Y N	Diabetes	Y N	Hepatitis A	Y N	Recent Weight Loss	Y N
Anaphalaxis	Y N	Drug Addiction	Y N	Hepatitis B or C	Y N	Renal Dialysis	Y N
Anemia	Y N	Easily Winded	Y N	Herpes	Y N	Rheumatic Fever	Y N
Angina	Y N	Emphysema	Y N	High Blood Pressure	Y N	Rheumatism	Y N
Arthritis/Gout	Y N	Epilepsy/Seizures	Y N	High Cholesterol	Y N	Scarlet Fever	Y N
Artificial Heart Valve	Y N	Excessive Bleeding	Y N	Hives or Rash	Y N	Shingles	Y N
Artificial Joint	Y N	Excessive Thirst	Y N	Hypoglycemia	Y N	Sickle Cell Disease	Y N
Asthma	Y N	Fainting Spells/Dizziness	Y N	Irregular Heartbeat	Y N	Sinus Trouble	Y N
Blood Disease	Y N	Frequent Cough	Y N	Kidney Problems	Y N	Spina Bifida	Y N
Blood Transfusion	Y N	Frequent Diarrhea	Y N	Leukemia	Y N	Stomach/Intestinal Disease	Y N
Breathing Problems	Y N	Frequent Headaches	Y N	Liver Disease	Y N	Stroke	Y N
Bruise Easily	Y N	Genital Herpes	Y N	Low Blood Pressure	Y N	Swelling of Limbs	Y N
Cancer	Y N	Glaucoma	Y N	Lung Disease	Y N	Thyroid Disease	Y N
Chemotherapy	Y N	Hay Fever	Y N	Mitral Valve Prolaps	Y N	Tonsilitis	Y N
Chest Pains	Y N	Heart Attack/Failure	Y N	Osteoporosis	Y N	Tuberculosis	Y N
Cold Sores/Fever Blisters	Y N	Heart Murmur	Y N	Pain in Jaw Joints	Y N	Tumors or Growths	Y N
Congenital Heart Disease	Y N	Heart Pacemaker	Y N	Parathyroid Disease	Y N	Ulcers	Y N
Convulsions	Y N	Heart Trouble/Disease	Y N	Psychiatric Care	Y N	Venereal Disease	Y N
						Yellow Jaundice	Y N

Have you ever had any serious illness not listed above? Y N If YES:

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

Signature of Patient, Parent or Guardian DATE

Richard Goldin, DDS, Ltd.

Practice Limited to Periodontics

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Manassas, Va. 20109
(703) 361-6866

8298-C Old Courthouse Rd.
Vienna, Va. 22182
(703) 821-8880

Welcome to our practice. The following is a statement of our financial policies.

Insurance and Personal Payments:

Payment is to be made at the time the service is rendered.

As a courtesy to our patients we will submit your claim to your dental insurance company. However, any outstanding balance or co-payment is your responsibility. Accounts that are more than 90 days overdue are subject to a finance charge.

Insurance coverage is between you and your company. We will assist in determining what portion your carrier will cover by submitting a pre-treatment estimate. This will help to determine what your responsibility would be. If no pre-estimate is sent, or if the dental work is performed prior to the return of the pre-estimate, you will be responsible - in full.

Statements are sent monthly.

We will accept payment from the PRIMARY insurance carrier, only.

Collections:

If we must refer your account to a collection agency or to a law office to collect the unpaid balance, you will have to pay the unpaid balance as well as any interest charges and collection fees. Your account will remain open until your debt is paid – in full.

_____ - initial

Missed Appointments:

If you provide us with 48 hours notice, we will gladly reschedule or cancel your appointment. However, if you fail to give us proper notice, we reserve the right to bill you for the missed appointment.

_____ - initial