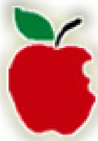

APPLE DENTAL HEALTH SERVICES, P.C.

113-16 76th Rd. Forest Hills, NY 11376
Toll Free 1-888-83-APPLE (27753)

Email Address:

Name

Address

City

State

ZIP

Phone

Work Phone

Employer

DOB

Ins.Co.

Spouse Ins.

SS#

Spouse SS#

Spouse Employer

Spouse Name

Spouse DOB

Date of last full mouth x-rays

In case of emergency call

Another Phone # to reach you

Physician phone number

Cellphone number

Confidential Dental Health Information

Do You Have A History Of:

YES	NO	
		RHEUMATIC FEVER
		HEART MURMUR
		HEART TROUBLE
		PACE MAKER/HEART SURGERY
		HIGH BLOOD PRESSURE
		LOW BLOOD PRESSSURE
		BLOOD DISEASE
		H.I.V. POSITIVE
		DIABETES
		EXCESSIVE BLEEDING
		BRUISE EASILY
		ANEMIA
		KIDNEY DISEASE
		HEPATITIS
		ULCERS OR STOMACH PROBLEMS
		LIVER DISEASE
		LUNG DISEASE
		BREATHING PROBLEMS
		TUBERCULOSIS
		ASTHMA
		EPILEPSY
		ALLERGIES TO DRUGS
		FAINTING OR DIZZINESS
		DO YOU TAKE MEDICATIONS
		FEAR OF DENTIST?
		HAVE YOU HAD ANY SURGERIES
		VENEREAL DISEASE
		ARTHRITIS
		OTHER ILLNESSES
		PRESENTLY UNDER DOCTORS CARE
		PAIN IN JAW OR EARS

ANY OTHER(S)

List Medications:

1. ______
2. ______
3. ______
4. ______
5. ______

Medications allergic to:

1. ______
2. ______
3. ______
4. ______
5. ______

Treatment Plan Release / Sign Patient or Guardian

Date ______

Signature ______

Authorization of payment of benefits / I authorize insurance payment to APPLE DENTAL

Date ______

Signature ______

I agree to the Terms of Payment contracted between me the patient and Apple Dental Health Services, P.C.

Date ______

Signature ______