

DR. INDERPREET ATWAL DDS

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: Male/Female

Street: \_\_\_\_\_ Single: \_\_\_\_\_ Married: \_\_\_\_\_ Child: \_\_\_\_\_

City/Zip : \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Best # to reach you? \_\_\_\_\_

Referred By: \_\_\_\_\_ Person Responsible for Account: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Dental Insurance Co: \_\_\_\_\_

Insurance ID# \_\_\_\_\_ Name of Insurance Policy holder: \_\_\_\_\_

Insured's Date of Birth: \_\_\_\_\_ Insured's Social Security #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you experience stress or anxiety coming to the dentist? \_\_\_\_\_

What brings you to our office today? \_\_\_\_\_

Are you currently in pain? \_\_\_\_\_ Under Stress? \_\_\_\_\_ Do you smoke or chew tobacco? \_\_\_\_\_

Drink coffee, tea, soda, sports drinks? \_\_\_\_\_ Do you grind your teeth? \_\_\_\_\_ Do your gums bleed? \_\_\_\_\_

Do you floss daily? \_\_\_\_\_ Do you snore? \_\_\_\_\_ Missing teeth and interested in Implants? \_\_\_\_\_

Are you happy with your smile? \_\_\_\_\_ What would you like to change? \_\_\_\_\_

Previous dentist: \_\_\_\_\_ Last cleaning/checkup date: \_\_\_\_\_ Last X-rays: \_\_\_\_\_

List all Allergies: \_\_\_\_\_

List ALL PRESCRIBED and Over the Counter medications you are taking: \_\_\_\_\_

Circle all that apply to you:

- |              |                        |               |                       |                    |                     |             |
|--------------|------------------------|---------------|-----------------------|--------------------|---------------------|-------------|
| Heart Attack | Artificial Heart Valve | Pacemaker     | Mitral Valve Prolapse | Stents             | Hepatitis A,B,C     | Acid Reflux |
| Angina       | Artificial Joints      | Seizure       | Tuberculosis          | Tumors             | Liver Disease       | Asthma      |
| Stroke       | Rheumatic Fever        | Epilepsy      | Sickle Cell Disease   | Shingles           | Blood Disease       | Pregnant    |
| Cancer       | Hyperthyroidism        | Allergies     | Severe Headaches      | Cold Sores         | High Blood Pressure | TMJ         |
| Chemotherapy | Hypothyroidism         | Arthritis     | Abnormal Bleeding     | Pre-Med            | Low Blood Pressure  |             |
| Radiation    | Diabetes               | Glaucoma      | Kidney Disease        | Drug Abuse         | High Cholesterol    |             |
| Anemia       | Fainting               | Head Injuries | Osteoporosis          | HIV/AIDS           | Dental Braces       |             |
| Anxiety      | Depression             | PTSD          | Mental Disorders      | Alcohol Abuse      | Venereal Disease    |             |
| Ulcers       | Gum Surgery            | Sleep Apnea   | Fibromyalgia          | Multiple Sclerosis | Lupus               |             |

Please list other health conditions or surgeries that are not listed above: \_\_\_\_\_

We will submit claims to your insurance company but ultimately you are responsible for any balance on the account. Even insurance plans that we participate in may have a balance due if the treatment is non-covered expense. We will submit Pre-determinations and try to confirm benefits before treatment is started but ultimately it is your responsibility to know your insurance plan. It is also the Patients responsibility to know their yearly maximum and deductibles. We do not allow insurance companies to dictate treatment for our patients. I consent to treatment from Dr. Inderpreet Atwal DDS, PLLC

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please turn over and sign HIPPA consent