

DR. INDERPREET ATWAL DDS

Full Legal Name: _____ Preferred Name: _____ Birth date: _____

Circle One: Single / Married / Child Gender: Male/Female Referred By: _____

Social Security# _____ Address: _____ City/Zip _____

Cell Phone: _____ Home: _____ Work: _____ Email: _____

Occupation: _____ Person Responsible for Account: _____

Dental Insurance Co: _____ Insurance ID# _____

Insurance Policy holder: _____ Policy holders Employer: _____

Policy holders Date of Birth: _____ Policy holders 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 | Alzheimer's |
| Radiation | Diabetes | Glaucoma | Kidney Disease | Drug Abuse | High Cholesterol | Dementia |
| 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

