Phillip D. Prater, D.D.S.
FAMILY DENTISTRY
434-292-3695
929 South Main Street • P.O. Box 458
Blackstone Va 23824

Patient Registration Form

Patient's name:_____ Date of Birth:_____

Sex:_____If minor, name of legal guardian:_____

Home phone:_____ Mobile phone: _____

Work phone:_____

Email address:_____

Mailing address: _____ City _____State _____ Zip _____

Employer: _____

Whom may we thank for referring you to our office? _____

Insurance Information:

- o Not covered by dental insurance

Your SS# : _____or Member ID#:_____Dental Insurance Co:._____

Group number:_____Claims Address:_____

Covered by spouse's insurance? Yes or No (circle one)

Spouse's Name: _____

Spouse's dental insurance company: _____ Group number: _____

Spouse's birthday: _____ SS# or Member ID#: _____

Please complete the medical health history on the back of this form

Health History

PLEASE CIRCLE THE APPROPRIATE ANSWER:

1. Yes No Is your general health good?
2. Yes No Has there been a change in your health within the last year?
3. Yes No Have you been hospitalized or had a serious illness in the last three years?
   If YES, please explain_____
4. Yes No Are you currently being treated by a physician?
   If YES, please explain_____
   Date of last medical exam?_____
5. Yes No Have you had problems with prior dental treatment?
6. Yes No Are you in pain now? Date of last dental exam?_____

HAVE YOU EXPERIENCED:

7. Yes No Chest pain(angina)?
8. Yes No Swollen ankles?
9. Yes No Shortness of breath?
10. Yes No Recent weight loss, fever?
11. Yes No Persistent cough?
12. Yes No Bleeding problems/bruise easily?
13. Yes No Sinus problems?
14. Yes No Difficulty swallowing?
15. Yes No Diarrhea, blood in stools?
16. Yes No Frequent vomiting, nausea?
17. Yes No Difficulty urinating, blood in urine?
18. Yes No Dizziness?
19. Yes No Ringing in ears?
20. Yes No Headaches?
21. Yes No Fainting spells?
22. Yes No Blurred vision?
23. Yes No Seizures?
24. Yes No Excessive thirst?
25. Yes No Frequent urination?
26. Yes No Dry mouth?
27. Yes No Jaundice?
28. Yes No Joint pain, stiffness?

DO YOU HAVE OR HAVE YOU HAD:

29. Yes No Heart disease?
30. Yes No Heart attack, heart defects?
31. Yes No Heart murmurs?
32. Yes No Rheumatic fever?
33. Yes No Stroke, hardening of arteries?
34. Yes No High blood pressure?
35. Yes No Asthma, TB, other lung disease?
36. Yes No Hepatitis, other liver disease?
37. Yes No Stomach problems, ulcers?
38. Yes No Diabetes?
39. Yes No Chemotherapy?
40. Yes No Artificial Joints?
41. Yes No AIDS?
42. Yes No Tumors, cancer?
43. Yes No Arthritis, rheumatism?
44. Yes No Eye diseases?
45. Yes No Skin diseases?
46. Yes No Low blood pressure?
47. Yes No Anemia?
48. Yes No Kidney, bladder disease?
49. Yes No Thyroid, adrenal disease?
50. Yes No Radiation treatments?
51. Yes No Prosthetic heart valve?

PLEASE LIST ALL MEDICATIONS THAT YOU ARE TAKING(INCLUDING OVER-THE-COUNTER MEDICATIONS):_____

PLEASE LIST ALL MEDICATIONS THAT YOU ARE ALLERGIC TO:_____

***WOMEN ONLY* Yes No Are you or could you be pregnant? Yes No Are you nursing?**

To the best of my knowledge, I have answered every question completely and accurately. I will inform my dentist of any changes regarding my health or medications.

Patient's signature:_____ **Date:**_____

To Be Completed By Office Staff:

Medical History Reviewed

Signature/Date: _____ _____

_____ _____

_____ _____

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Acknowledgement of Notice of Privacy Practices

You May Refuse to Sign this Acknowledgement

I acknowledge that I have been informed of Prater Family Dentistry's privacy practices. I am aware that a copy of this office's notice of privacy practices is available for my review.

My or my minor child's dental history and account can be discussed with the following person(s), until revoked by me in writing.

(Name) (Relation) (Phone)

_____

_____

_____

_____ _____ _____

Printed Name **Signature** **Date**

_____

For Office Use Only

We attempted to obtain written acknowledgement of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- **Individual refused to sign**
- **Communications barriers prohibited obtaining the acknowledgement**
- **An emergency situation prevented us from obtaining acknowledgement**
- **Other (please specify)**