

Patient Information			
Name: Last	First	MI	Birth Date (mm/dd/yyyy)
Preferred Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number (xxx-xx-xxxx)	
Home Address: Street	APT#	City	State ZIP
Home Phone (landline, not for text) # ()	Mobile Phone (to receive text) # ()	Work Phone # or Other Phone # ()	
Email Address	Preferred Contact (to receive reminder) <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Other	Person or number we SHOULD NOT call or leave a message:	
Emergency Contact Name	Relationship to the patient	Phone # ()	

Responsible Party Information			
Name: Last	First	MI	Birth Date (mm/dd/yyyy)
Relationship to the patient	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number (xxx-xx-xxxx)	
Home Address: Street	APT#	City	State ZIP
Home Phone # ()	Cell Phone # ()	Work Phone # or Other Phone # ()	

Primary Employer and Dental Insurance Information			
Subscriber (Policy Holder) Name: Last	First	MI	Subscriber Birth Date (mm/dd/yyyy)
Relationship to the patient	Employer	Social Security Number (xxx-xx-xxxx)	
Insurance Company Address: Street	City	State	Zip
Insurance Subscriber ID #	Group/Policy #	Insurance Company Phone # ()	

Secondary Employer and Dental Insurance Information			
Subscriber (Policy Holder) Name: Last	First	MI	Subscriber Birth Date (mm/dd/yyyy)
Relationship to the patient	Employer	Social Security Number (xxx-xx-xxxx)	
Insurance Company Address: Street	City	State	ZIP
Insurance Subscriber ID #	Group/Policy #	Insurance Company Phone # ()	

Supplemental Information
<p>How did you hear about DIVA (Dental Innovations of Virginia)?</p> <p>Friend/Family _____ Dentist referral _____ Direct mail _____ Insurance _____ Website _____</p> <p>Others _____</p>

Authorization and Consent for Treatment
<p>Notice of Privacy Practices explains how the practice may disclose patient’s health information. By authorizing this form, I affirm that I reviewed and understand the Notice of Privacy Practices.</p> <p>I acknowledge that the information above and the health information is correct to best of my knowledge.</p> <p>I reviewed and understand DIVA Practice Conditions and Financial policy. I consent to receive dental treatment.</p> <p>Sign: _____ Date: _____</p> <p style="margin-left: 40px;">Self/responsible party/guardian</p>

Patient Health Information			
Allergy (i.e. Penicillin, Codeine, Latex, seasonal or others)			
Antibiotics premedication (due to joint replacement, heart valve surgery, or other conditions) required?			
Do you take any anticoagulation medicines (Aspirin, Coumadin, Plavix, etc)?			
Have you ever tested positive for Hepatitis B, Hepatitis C, Covid-19, or HIV? If so, when?			
Have you taken any osteoporosis (bisphosphonate) pills or injections (Fosamax, Boniva, Reclast, etc)?			
Have you ever had any of the following? Please check all that apply.			
<p>Heart Problems</p> <p>High blood pressure Prosthetic heart valve Heart stent placement Pace maker/defibrillator Heart attack/ MI Angina/ Chest pain Infective endocarditis</p> <p>Psychiatric Problems</p> <p>Depression Panic or anxiety disorder</p>	<p>Breathing Problems</p> <p>Coughing Shortness of breath Pneumonia Sleep apnea Asthma Tuberculosis COPD</p> <p>Other</p> <p>Kidney disease Cancer Radiation or chemotherapy Artificial joints Complications from surgery</p>	<p>Blood Problems</p> <p>HIV disease/AIDS Bleeding disorders</p> <p>Head, Eyes, Ears, Nose, Throat</p> <p>Headache TMJ popping, pain Sinus problem</p> <p>Social History</p> <p>Smoking Marijuana Recreational drug use</p>	<p>Gastrointestinal Problems</p> <p>Hepatitis Liver disease GERD/reflux/ulcers</p> <p>Endocrine Problems</p> <p>Diabetes Thyroid disorders</p> <p>Nervous System Problems</p> <p>Stroke Epilepsy/Seizure Nerve pain</p> <p>For Women only</p> <p>Are you pregnant? Are you nursing?</p>
If you checked yes above or have other problems not listed here, please provide details here.			
Please list all your medications (name, dose, purpose). Use additional paper if you need more space.			