GORDON N. GATES, D.D.S., M.S.D.
Prosthodontics

▪ PATIENT INFORMATION ▪

PLEASE PRINT AND COMPLETE ALL ENTRIES

TODAY'S DATE_____

*PATIENT NAME (LAST - FIRST - MIDDLE)_____

*DATE OF BIRTH_____ AGE_____ EMAIL ADDRESS_____

*ADDRESS (STREET - CITY - STATE - ZIP)_____

CELL PHONE ( )_____ *HOME PHONE ( )_____

NAME OF EMPLOYER_____

WORK PHONE ( )_____ EXTENSION_____ OCCUPATION_____

EMPLOYER ADDRESS (STREET - CITY - STATE - ZIP)_____

SPOUSE'S NAME (LAST - FIRST - MIDDLE)_____

DATE OF BIRTH_____ AGE_____

SPOUSE'S EMPLOYER_____

WORK PHONE ( )_____ EXTENSION_____ OCCUPATION_____

EMPLOYER ADDRESS (STREET - CITY - STATE - ZIP)_____

IN CASE OF EMERGENCY CONTACT_____

RELATIONSHIP_____ PHONE ( )_____

*WHOM MAY WE THANK FOR REFERRING YOU TO US?_____ PHONE ( )_____

FAMILY PHYSICIAN_____ PHONE ( )_____

WHO IS FINANCIALLY RESPONSIBLE FOR THIS BILL?_____ I WILL BE PAYING TODAY BY: ☐ CASH ☐ CHECK ☐ CREDIT CARD

DENTAL INSURANCE INFORMATION

*PRIMARY DENTAL INSURANCE_____ *PHONE ( )_____

*ADDRESS (STREET - CITY - STATE - ZIP)_____

*NAME OF INSURED _____ *B-DAY OF INSURED_____

*RELATIONSHIP_____ *I.D. NO_____ *GROUP NO_____

*PAYER ID #_____

*Required Fields

Insurance is a contract between you and your insurance agency. We are NOT a party to this contract in most cases. We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductables, co-payments, covered charges, secondary insurance, "usual & customary" charges, etc., other than to supply factual information as necessary.

I certify that I have read and understand the above and that the information given on this form is accurate. I understand the importance of a truthful health history and that my dentist and his/her staff will rely on this information for treating me.

DATE_____ PATIENT SIGNATURE _____ REVIEWED BY _____

DATE_____ PATIENT SIGNATURE _____ REVIEWED BY _____

DATE_____ PATIENT SIGNATURE _____ REVIEWED BY _____

DENTAL/MEDICAL HISTORY

Date of last dental treatment _____ for _____

1. How often do you brush? _____ Floss?_____
2. Do you have swelling in the roof of your mouth? Yes No
3. Have you noticed purplish color on your gums or cheek? Yes No
4. Do your gums bleed sometimes? Yes No
5. Are your teeth painful? Yes No
6. Can you chew well on both sides of your mouth? Yes No

List main dental complaint(s) _____

How do you feel about your smile? _____

MEDICAL RESPONSE

1. Have you been a patient in a hospital or under the care of a physician during the past 2 years? Yes No
   For _____
2. Have you taken any kind of medicine or drugs during the past year? _____ Yes No
   Name of drug(s)_____
   _____
3. Have you been out of the United States? _____ Yes No
   Where? _____ When? _____
4. Are you allergic to penicillin or any drugs or medicine? _____ Yes No
5. Have you ever had any excessive bleeding requiring special treatment? _____ Yes No
6. Have you had prolonged coughing or coughed up blood? _____ Yes No
7. Have you ever had a blood test for hepatitis? _____ Yes No
8. If so, were you vaccinated? _____ Yes No
9. Have you had cankers or cold sores on your lips, tongue, gums or body? _____ Yes No
10. Do you smoke or chew tobacco? _____ Yes No
11. Indicate any of the following which you have had or now have:

☐ AIDS-HIV	☐ CONGENITAL HEART LESIONS	☐ HEART TROUBLE
☐ ALLERGIES	☐ COUGH	☐ HEPATITIS
☐ ANEMIA	☐ DIABETES	☐ SINUS TROUBLE
☐ ARTHRITIS	☐ EPILEPSY	☐ STROKE
☐ ARTIFICIAL HEART VALVES	☐ HEART MURMUR	☐ TUBERCULOSIS
☐ ASTHMA	☐ HERPES	☐ KIDNEY TREATMENT
☐ CANCER TREATMENT	☐ HIGH BLOOD PRESSURE	☐ PSYCHIATRIC TREATMENT
☐ CARDIAC PACEMAKER	☐ JAUNDICE	

12. Are you taking Fosamax or Actonel for osteoporsison or Pagets disease? Yes No
13. Have you had any other serious illnesses? Yes No
14. Have you had any orthopedic prosthetic surgery? (hip, knee, shoulder) Yes No
15. If female, are you pregnant now?_____ Are you nursing? _____
16. Have you ever had an unusual reaction to dental anesthesia? (shots or gas) Yes No
17. If you wear dentures or partials, when were they previously placed? _____