



Gentle Dental
HYGIENE SERVICES

**Take a
BITE...**

OUT OF YOUR DENTAL BILLS

Name: _____

8) Do you have Respiratory conditions? (Check if applies)

Emphysema	Bronchitis	Wheezing	Lung Disease
Asthma	Sleep Apnea	Tuberculosis	Exposure Date: M_____/Y_____

9) Do you have a Cardiac condition? (Check if applies)

High / Low Blood Pressure	Rheumatic/	Scarlett Fever	Heart Murmur
Mitral Valve Prolapse	Heart Attack		Stroke
Prosthetic Values	Pacemaker	Date: M_____/Y_____	

10) Do you have any Hematopoietic conditions? (Circle if applies)

Leukemia	Aids	HIV infection	Immune System
Radiation Therapy	Chemotherapy	Lupus	Anemia
Bleeding Disorder			

11) Have you had any of the following? (Circle if applies)

Hepatitis	Jaundice	Liver Disease	Diabetes
Thyroid Disease	Seizures	Substance Abuse	Kidney Disease
Diet Disorder	Arthritis	Cancer (type)	Tumors
Acid Reflux			

12) Any condition or disease not listed above that you have. Please list and explain.

13) Women Only. Are you Pregnant? Y N Due Date: D_____/M_____/Y_____

General Release (Please sign after completing Medical History)

I, the undersigned, certify that any and all questions have been answered truthfully and accurate to the best of my knowledge. I have had the opportunity to ask questions and received answers to any questions regarding my medical and dental history. **Should there be any change, in my health status or any information I have provided I will advise the dental hygiene office.** I, authorize the dental hygienist to perform procedures as may be required to determine necessary treatment. I understand the information from or to my medical doctor or other health care provider may be necessary. I have read the privacy policy of this office. I understand that my personal information will be obtained, used and disclosed within the guidelines of this policy. I understand that responsibility for payment of the dental services for myself and my dependants is mine and I assume responsibility for fees associated with these services.

Signature: _____

Client

Parent/Guardian

Print Name

Reviewed by: _____

Date: D_____/M_____/Y_____