Today's Date	
Patient's Name	
Address	
City, State, Zip	
Home #	Work#
Cell #	
Birthdate	
Social Security #	•
Drivers License # Em	ail address
I want to receive correspondence via email	Via text
Sex:MaleFemale	
Marital Status:MarriedSingle	DivorcedSeparatedWidow
Responsible Party's Name	
Address	
City, State, Zip	
Home #	Work #
Cell #	
Drivers License # Em	ail address
I want to receive correspondence via email	via text
Marital Status:MarriedSingle	Divorced SeparatedWidow
Person to contact in case of emergency	
Home # Wo	rk# Ceil#
Insurance Information	
Name of insured	
Insured Birthdate Ins	ured SS#
Employer	Insurance ID #
Insurance Company	Group#
Insurance Co. Phone #	

Dawkins Family Dental Clinic, P.A. Eaglesoft Medical History Birth Date:

Patient Name:

Date Created:

Date:

Are you allergic to any of the following? Are you allergic to any of the following? Are you allergic to any of the following? Are you have, or have you had, any of the following? Are you have, or have you had, any of the following? Are you allergic to any of the following? Alzheimer's Disease Anaphylaxis Anamia Are you so no any of the following? Alzheimer's Disease Arthritis/Gout Ar	OND IFY				
Areyou taking any medications, pills, or drugs? O you take, or have you taken, Phen-Fen or Redux? Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonaxes? Are you on a special diet? O you use controlled substances? O yes O you use controlled substances? O yes O you allergic to any of the following? ADS/HIV Positive AlabS/HIV Positive Angina Arthritis/Gout Ar	J	5			
Are you taking any medications, pills, or drugs? Or you take, or have you taken, Phen-Fen or Redux? Or you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? Are you on a special diet? Or you use tobacco? Or you use controlled substances? Or you use controlled or yes on the following? Or yes on the f	O No If y	S	- Caractal Land Committee Land Commi	والمعالم المستعدد والمستعدد	
Do you take, or have you taken, Phen-Fen or Redica? O you see taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonxies? O you on a special diet? O you use controlled substances? O you on a special diet? O you use controlled substances? O you on a special diet? O you use controlled substances? O yes One you use controlled substances? O yes O you allergic to any of the following? O you allergic to any of the following? O you have, or have you had, any of the following? AIDS/HIV Positive O yes O No Alzheimer's Disease O yes O No Anaphylaxis O yes O No Arthritis/Gout Arthritis/Gout Arthritis/Gout Arthritis/Gout O yes O No Artificial Joint O yes O No Briting Spells/Dizzness Blood Disease O yes O No Brequent Cough Frequent Cough Frequent Headaches Bruise Easily O yes O No Glaucoma Hay Fever Chest Pains O yes O No Congenital Heart Disorder O yes O No Congenital Heart Disorder O yes O No Heart Attack/Failure Heart Pacemaker Heart Trouble/Disease Have you ever had any serious illness not listed above? O yes Have you ever had any serious illness not listed above? O yes O yes Have you ever had any serious illness not listed above? O yes Have you ever had any serious illness not listed above? O yes O yes O yes O ho	O No Ify	S			and the same of th
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O you use controlled substances? O Yes Omen: Are you Pregnant/Trying to get pregnant? Aspirin Metal Other? Alberian Other? Alberian Oyou have, or have you had, any of the following? Alberian Alzherian's Disease Anaphylaxis O Yes O No Drug Addiction Anaphylaxis O Yes O No Easily Winded Emphysema Arthritis/Gout Artificial Heart Valve Artificial Joint O Yes O No Blood Disease O Yes O No Blood Transfusion Breathing Problems O Yes O No Brequent Cough Bruise Easily O Yes O No Genital Herpes Cancer O Yes O No Chemotherapy Chemotherapy Chest Pains O Yes O No Cortisone Medidine Diabetes O No Easily Winded Emphysema Epilepsy or Selzures Epilepsy or Selzures Epilepsy or Selzures Excessive Blieding Excessive Blieding Excessive Thirst Fainting Spells/Diziness Frequent Cough Frequent Cough Frequent Diarrhea Frequent Diarrhea Frequent Diarrhea Frequent Headaches Glaucoma Heart Attack/Failure Heart Attack/Failure Heart Attack/Failure Heart Trouble/Disease Have you ever had any serious Illness not listed above? O Yes O No Heart Trouble/Disease	O No				
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Alzheimer's Disease	O Yes O N	Hemophilia	O Yes O No	Radiation Treatments	O Yes O No
Anaphylaxis	O Yes O N	·	O Yes O No	Recent WeightLoss	() Yes () No
Anemia O Yes O No Easily Winded Angina O Yes O No Emphysema Arthritis/Gout O Yes O No Epilepsy or Selzures Artificial HeartValve O Yes O No Excessive Bleeding Artificial Joint O Yes O No Excessive Bleeding Broad Disease O Yes O No Frequent Cough Blood Disease O Yes O No Frequent Diarrhea Breathing Problems O Yes O No Frequent Headaches Bruise Easily O Yes O No Genital Herpes Cancer O Yes O No Glaucoma Chemotherapy O Yes O No Heart Attack/Fallure Cold Sores/Fever Blisters O Yes O No Heart Attack/Fallure Congenital Heart Disorder O Yes O No Heart Trouble/Disease Have you ever had any serious Illness not listed above? Yes	O Yes ON		O Yes O No	Renal Dialysis	O Yes O No
Angina OYes ONo Emphysema Arthritis/Gout OYes ONo Epilepsy or Selzures Artificial Heart Valve OYes ONO Excessive Bleeding Artificial Joint OYes ONO Excessive Bleeding Artificial Joint OYes ONO Excessive Thirst Asthma OYES ONO Fainting Spells/Dizzness Blood Disease OYES ONO Frequent Cough Blood Transfusion OYES ONO Frequent Diarrhea Breathing Problems OYES ONO Frequent Headaches Bruise Easily OYES ONO Genital Herpes Cancer OYES ONO Glaucoma Chemotherapy OYES ONO Hay Fever Chest Palns OYES ONO Heart Attack/Failure Cold Sores/Fever Blisters OYES ONO Heart Attack/Failure Congenital Heart Disorder OYES ONO Heart Trouble/Disease Have you ever had any serious illness not listed above? OYES	O Yes ON	<u> </u>	O Yes O No	Rheumatic Fever	O Yes O No
Arthritis/Gott O Yes O No Epilepsy or Selzures Artificial Heart Valve O Yes O No Excessive Bleeding Artificial Joint O Yes O No Excessive Bleeding Artificial Joint O Yes O No Excessive Thirst Asthma O Yes O No Fainting Spells/Dizzness Blood Disease O Yes O No Frequent Cough Blood Transfusion O Yes O No Frequent Diarrhea Breathing Problems O Yes O No Frequent Headaches Bruise Easily O Yes O No Gaintal Herpes Cancer O Yes O No Glaucoma Chemotherapy O Yes O No Hay Fever Chest Pains O Yes O No Heart Attack/Failure Cold Sores/Fever Blisters O Yes O No Heart Murmur Congenital Heart Disorder O Yes O No Heart Pacemaker Convulsions O Yes O No Heart Trouble/Disease Have you ever had any serious Illness not listed above? O Yes	O Yes ON		O Yes O No	Rheumatism	O Yes O No
Artificial HeartValve	O Yes O		O Yes O No	Scarlet Fever	O Yes O No
Artificial Joint O Yes O No Excessive Thirst Asthma O Yes O No Fainting Spells/Dizzness Blood Disease O Yes O No Frequent Cough Blood Transfusion O Yes O No Frequent Diarrhea Breathing Problems O Yes O No Frequent Headaches Bruise Easily O Yes O No Ganital Herpes Cancer O Yes O No Glaucoma Chemotherapy O Yes O No Hay Fever Chest Pains O Yes O No Heart Attack/Failure Cold Sores/Fever Blisters O Yes O No Heart Murmur Congenital Heart Disorder O Yes O No Heart Pacemaker Convulsions O Yes O No Heart Trouble/Disease Have you ever had any serious Illness not listed above? Yes	OYE ON		O Yes O No	Shingles	O Yes O No
Asthma O Yes O No Fainting Spells/Diziness Blood Disease O Yes O No Frequent Cough Blood Transfusion O Yes O No Frequent Diarrhea Breathing Problems O Yes O No Frequent Headaches Bruise Easily O Yes O No Genital Herpes Cancer O Yes O No Glaucoma Chemotherapy O Yes O No Hay Fever Chest Pains O Yes O No Heart Attack/Failure Cold Sores/Fever Blistars O Yes O No Heart Murmur Congenital Heart Disorder O Yes O No Heart Trouble/Disease Have you ever had any serious illness not listed above? Yes	O Yes O1		O Yes O No	Sickle Cell Disease	O Yes O No
Blood Disease		- I	O Yes O No	Sinus Trouble	O Yes O No
Blood Transfusion	OYes OI		O Yes O No	Spina Bifida	O Yes O No
Breathing Problems O Yes O No Frequent Headaches Bruise Easily O Yes O No Genital Herpes Cancer O Yes O No Glaucoma Chemotherapy O Yes O No Hay Fever Chest Pains O Yes O No Heart Attack/Failure Cold Sores/Fever Blistars O Yes O No Heart Murmur Congenital Heart Disorder O Yes O No Heart Pacemaker Convulsions O Yes O No Heart Trouble/Disease Haveyou ever had any serious illness not listed above? O Yes	O Yes O	o Leukemia	O Yes O No	Stomach/Intestinal Disease	O Yes O No
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Cancer O Yes O No Glaucoma Chemotherapy O Yes O No Hay Fever Chest Pains O Yes O No Heart Attack/Failure Cold Sores/Fever Blisters O Yes O No Congenital Heart Disorder O Yes O No Heart Pacemaker Convulsions O Yes O No Heart Trouble/Disease Have you ever had any serious illness not listed above? O Yes	OYes OI		O Yes O No	Swelling of Limbs	O Yes O No
Chemotherapy O Yes O No Hay Fever Chest Pains O Yes O No Heart Attack/Failure Cold Sores/Fever Blisters O Yes O No Heart Murmur Congenital Heart Disorder O Yes O No Heart Pacemaker Convulsions O Yes O No Heart Trouble/Disease Haveyou ever had any serious Illness not listed above? O Yes	OYes O		O Yes O No	Thyroid Disease	O Yes O No
Chest Pains O Yes O No Heart Attack/Failure Cold Sores/Fever Blisters O Yes O No Congenital Heart Disorder O Yes O No Convulsions O Yes O No Heart Pacemaker Heart Trouble/Disease Have you ever had any serious Illness not listed above? O Yes	O Yes O	1	O Yes O No	Tonsilitis	O Yes O No
Cold Sores/Fever Blisters	O Yes O		O Yes O No	Tuberculosis	O Yes O No
Congenital Heart Disorder O Yes O No Heart Pacemaker Convulsions O Yes O No Heart Trouble/Disease Have you ever had any serious illness not listed above? O Yes	O Yes O		O Yes O No	Tumors or Growths	O Yes O No
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o the best of my knowledge, the questions on this form have been accurate					

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

* You May Refuse to Sign This Acknowledgement*

have received a copy of thi
office's Notice of Privacy Practices.
Please Print Name
Signature
Sate
For Office Use Only
We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, bu 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)

Dawkins Family Dental Clinic, P.A.

It is our policy that PAYMENT IS DUE AT THE TIME OF SERVICE. We will be glad to file any dental insurance for you, but you MUST MEET YOUR DEDUCTIBLE and the "estimated Percentage" that the insurance does NOT cover. These fees are due at the time the services are rendered.

If you have insurance please present your card to the front desk before you are taken back.

ANY CANCELLATION OR MISSED APPOINTMENT, WITHOUT 24 HRS NOTICE, WILL BE SUBJECT TO A FEE OF \$25 PER SCHEDULED HOUR.

By signing below, I give consent for W. Edwin Dawkins, JR. DDS to perform needed dental work. My signature below also gives my consent for Dr. Dawkins' office staff to acquire medical information that they deem necessary from me or other sources.

I certify that all questions on the health questionnaire have been answered truthfully and to the best of my knowledge. I understand that if my account is ever turned over for collections, I will be responsible for collection cost, service charges and court cost.

Signature and Date