



Dr. Maria Szmigiel

91 Hammond Lane • Plattsburgh, NY 12901
P: (518) 324-5555 F: (518) 324-5898
GentleTouchFamilyDentistry.com

Medical Alert for Office Use

THANK YOU for visiting Gentle Touch Family Dentistry! It is our optimal goal to provide you and your family with the highest quality of dental care while maintaining a friendly and relaxing environment. Please help us by completing this form.

PATIENT INFORMATION

Name LAST FIRST MIDDLE INITIAL NICKNAME

Address STREET

CITY STATE ZIP

Social Security # Phone: Home

Birth date Work

Gender Female Male Mobile

Married Yes No Best number to contact you Home Work Mobile

Emergency Name Email address

Emergency Phone Please send me appointment reminders by: Email Mail

INSURANCE INFORMATION

PRIMARY DENTAL CARRIER

Subscriber Name Insurance Name

Relation to Patient Self Spouse Child Insurance Address

Employer Insurance Phone #

Social Security # DOB Group # ID#

SECONDARY DENTAL CARRIER

Subscriber Name Insurance Name

Relation to Patient Self Spouse Child Insurance Address

Employer Insurance Phone #

Social Security # DOB Group # ID#

INSURANCE AUTHORIZATION STATEMENT (Sign & Date)

I hereby authorize payment directly to Gentle Touch Family Dentistry of the group insurance benefits otherwise payable to me. I understand that I am responsible for all costs and dental treatment. The information on this page is correct to the best of my knowledge.

Signature Date

IF PATIENT UNDER 18

Responsible Party Relation to Patient

Address (if different than above) STREET CITY STATE ZIP

Phone



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PATIENT MEDICAL HISTORY

Conditions

- Abnormal Bleeding
- Alcohol Abuse
- Allergies
- Anemia
- Angina Pectoris
- Arthritis
- Artificial Heart Valve
- Asthma
- Bell's Palsy
- Blood Transfusion
- Cancer
- Chemotherapy
- Colitis
- Congenital Heart Defect
- Diabetes
- Difficulty Breathing
- Drug Abuse
- Emphysema
- Epilepsy
- Facial Pain
- Fainting Spells
- Fever Blisters
- Frequent Headaches
- Glaucoma
- HIV+ Aids
- Heart Attack

- Heart Murmur
- Heart Surgery
- Hemophilia
- Hepatitis A
- Hepatitis B
- Hepatitis C
- High Blood Pressure
- Jaw Pain/Cracking Noise (TMJ)
- Joint Replacement
- Kidney Problems
- Liver Disease
- Low Blood Pressure
- Mitral Valve Prolapse
- Pace Maker
- Postural Problems
- Psychiatric Problems
- Radiation Therapy
- Rheumatic Fever
- Seizures
- Sexually Transmitted Disease
- Shingles
- Sickle Cell Disease
- Sinus Problems
- Stroke
- Thyroid Problems
- Tuberculosis
- Ulcers

Allergies

- Aspirin
- Codeine
- Dental Anesthetics
- Erythromycin
- Latex
- Metals
- Penicillin
- Sulfa
- Tetracycline

Other _____

- Y N**
- Do you Smoke or use Tobacco?
 - Would you like information about the NYS Quitline?

- If Female**
- Y N**
- Are you taking Birth Control Pills?
 - Are you pregnant?
If yes, # of weeks
 - Are you nursing?

Please list all medications that you are currently taking: None _____

Is there any disease, condition or problem that you have but not covered above? _____

I certify to the above statements regarding my medical condition. It should be noted that medications may have unwanted side effects. You are strongly urged to bring to our attention any problem that you may be having with your medications.

 Parent/Guardian's Signature

 Date