Dental Clinic
Toledo-Lucas County Health Department

Today's date _____

Patient's name _____

Male____ Female_____

Patient's Social Security # _____-_____-_____

Date of birth _____/_____/_____ Age _____

Address _____

City_____ State _____ Zip_____

County_____

Email address _____

Home Phone #_____

Cell Phone # _____

Patient's primary language_____

Race: (check all that apply)
□Asian □Black/African American □White
□American Indian/Alaskan Native □ Native Hawaiian
□Other Pacific Islander
□Hispanic or Latino ethnicity

~~~~~~

Has the patient seen another dentist? Yes__ No__

When _____ Where_____

Has the patient experienced problem with previous dental work? Yes ___ No___
If yes, explain_____

Patient's Physician's name _____

Please list all drugs that the patient is currently taking?

_____

_____

Please list all drugs/materials that patient is allergic to.

_____

_____

Has the patient experienced any of the following medical problems?

Y N Abnormal bleeding
Y N ADD / ADHD
Y N AIDS
Y N Any hospital stays
Y N Any Operations
Y N Asthma
Y N Cancer
Y N Congenital Heart Defect
Y N Diabetes
Y N Epilepsy
Y N Exposed to HIV, but negative
Y N Handicaps/Mental/Physical Disabilities
Y N Hearing Impairment
Y N Heart Murmur
Y N Hemophilia
Y N Hepatitis
Y N High / Low Blood Pressure
Y N Hives / Skin Rashes
Y N HIV positive
Y N Kidney problems
Y N Leukemia
Y N Liver problems
Y N Mononucleosis
Y N Rheumatic Fever
Y N Scarlet Fever
Y N Seizures / Convulsions
Y N Sickle Cell Anemia
Y N Special needs/learning disabilities
Y N Tuberculosis (TB)

Y N Is patient pregnant? Due Date_____
Y N Does the patient smoke?

Please describe the patient's current physical health.

Good ____ Fair ____ Poor ____

Please describe any serious concerns or problems the patient experiences.

_____

_____

Does the patient have or had any of the following habits?

Y N Thumb / finger sucking
Y N Pacifier use
Y N Taking a bottle
Y N Clenching / grinding teeth
Y N Difficulty breathing through nose
Y N Speech problems

Please complete the other side →
~~~~~~

Information about Parent or Guardian

Name_____

Address_____

City_____ **State**_____ **Zip**_____

Home Phone #_____

Cell Phone #_____

Email address_____

Employer_____

Birth date _____/_____/_____

Soc. Sec # _____ - _____ - _____

Relationship to patient_____

Number in family including yourself: _____

Total amount of gross household income $_____

(weekly, monthly, yearly)

Insurance Information

Patient's Ins. Co. name_____

Insurance I.D # _____

Group #_____

Complete if you don't have insurance.

Have you applied for Healthy Start Ins? Yes No

When _____ **Where** _____

Was the patient born in the United States? Yes No

Toledo-Lucas County Health Department
Dental Clinic Patient Consent Form

In consideration for the Dental services and examination to be given to the patient, I, the under signed, do hereby release and discharge the Toledo-Lucas County Health Department's Dental Clinic, its directors, doctors, or staff of any liability resulting from services to the patient.

I further hereby give the Toledo-Lucas County Health Department Dental Clinic and / or personnel of said clinic permission to perform any work or other test deemed necessary or advisable by the said clinic or its advisors of staff.

I hereby certify that prior to receiving any dental examination from said clinic, its employees, or medical personnel have fully explained the nature or purpose of said test or procedures and examination to me so that I fully understand its purpose.

I authorize the preparation of insurance claims for services rendered and the release of information necessary to comply with third party requirements. I authorize payments of benefits to provider for services. This signature serves as a signature on file for the same.

If there is no dental insurance, I will be responsible for the full amount of the bill, or I may qualify for a fee discount based on the Federal Register's Sliding Fee. In order to be eligible, proof of income is required or I will be responsible for the full amount.

Signature_____ **Date**_____