DENTAL REGISTRATION AND HISTORY

1 PATIENT INFORMATION

Date_____

Patient_____

Address_____

_____
City State Zip

Sex: ☐ M ☐ F Age_____ Birthdate_____

☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Patient SS#_____

Occupation_____

Employer_____

Employer Address_____

Employer Phone_____

Spouse's Name_____

Birthdate_____

Occupation_____

Spouse's Employer_____

Whom may we thank for referring you?_____

_____

2 DENTAL INSURANCE

Who is responsible for this account?_____

Relationship to Patient_____

Insurance Co._____

Group #_____ /ID#

Is patient covered by additional insurance? ☐ Yes ☐ No

Subscriber's Name_____

Birthdate_____ SS#_____

Relationship to Patient_____

Insurance Co._____

Group #_____

AUTHORIZATION AND RELEASE

I certify that I have read and understand the above information to the best of my knowledge. The above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health. I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such Dental care to third party payors and/or health practitioners. I authorize and request my insurance company to pay directly to the dentist or dental group insurance benefits otherwise payable to me. I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

X_____
Signature of patient or parent if minor

3 PHONE NUMBERS

Cell:

Home_____ Work_____ Ext_____ Spouse's Work_____

Best time and place to reach you_____

IN CASE OF EMERGENCY, CONTACT (Specify someone who does not live in your household.)

Name_____ Relationship_____

Home Phone_____ Work Phone_____

4 DENTAL HISTORY

Reason for today's visit_____

_____

Former Dentist_____

City/State_____

Date of last dental visit_____

Date of last dental X-rays_____

Place a mark on "Yes" or "No" to indicate if you have had any of the following:

Bad breath	☐ Yes	☐ No
Bleeding gums	☐ Yes	☐ No
Blisters on lips or mouth	☐ Yes	☐ No
Burning sensation on tongue	☐ Yes	☐ No
Chew on one side of mouth	☐ Yes	☐ No
Cigarette, pipe, or cigar smoking	☐ Yes	☐ No
Clicking or popping jaw	☐ Yes	☐ No
Dry mouth	☐ Yes	☐ No
Fingernail biting	☐ Yes	☐ No
Food collection between the teeth	☐ Yes	☐ No
Foreign objects	☐ Yes	☐ No
Grinding teeth	☐ Yes	☐ No
Gums swollen or tender	☐ Yes	☐ No
Jaw pain or tiredness	☐ Yes	☐ No
Lip or cheek biting	☐ Yes	☐ No
Loose teeth or broken fillings	☐ Yes	☐ No
Mouth breathing	☐ Yes	☐ No
Mouth pain, brushing	☐ Yes	☐ No
Orthodontic treatment	☐ Yes	☐ No
Pain around ear	☐ Yes	☐ No
Periodontal treatment	☐ Yes	☐ No
Sensitivity to cold	☐ Yes	☐ No
Sensitivity to heat	☐ Yes	☐ No
Sensitivity to sweets	☐ Yes	☐ No
Sensitivity when biting	☐ Yes	☐ No
Sores or growths in your mouth	☐ Yes	☐ No

How often do you floss?_____

How often do you brush?_____

– OVER –

5 HEALTH HISTORY

Physician's Name_____ Date of last visit_____

Place a mark on "Yes" or "No" to indicate if you have had any of the following:

AIDS	☐ Yes	☐ No
Anemia	☐ Yes	☐ No
Arthritis, Rheumatism	☐ Yes	☐ No
Artificial Heart Valves	☐ Yes	☐ No
Artificial Joints	☐ Yes	☐ No
Asthma	☐ Yes	☐ No
Back Problems	☐ Yes	☐ No
Bleeding abnormally, with extractions or surgery	☐ Yes	☐ No
Blood Disease	☐ Yes	☐ No
Cancer	☐ Yes	☐ No
Chemical Dependency	☐ Yes	☐ No
Chemotherapy	☐ Yes	☐ No
Circulatory Problems	☐ Yes	☐ No
Congenital Heart Lesions	☐ Yes	☐ No
Cortisone Treatments	☐ Yes	☐ No
Cough, persistent or bloody	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No
Emphysema	☐ Yes	☐ No
Epilepsy	☐ Yes	☐ No
Fainting or dizziness	☐ Yes	☐ No
Glaucoma	☐ Yes	☐ No
Headaches	☐ Yes	☐ No
Heart Murmur	☐ Yes	☐ No
Heart Problems	☐ Yes	☐ No
Hepatitis Type_____	☐ Yes	☐ No
Herpes	☐ Yes	☐ No
High Blood Pressure	☐ Yes	☐ No
HIV Positive	☐ Yes	☐ No
Jaundice	☐ Yes	☐ No
Jaw Pain	☐ Yes	☐ No
Kidney Disease	☐ Yes	☐ No
Liver Disease	☐ Yes	☐ No
Low Blood Pressure	☐ Yes	☐ No
Mitral Valve Prolapse	☐ Yes	☐ No
Nervous Problems	☐ Yes	☐ No
Pacemaker	☐ Yes	☐ No
Psychiatric Care	☐ Yes	☐ No
Radiation Treatment	☐ Yes	☐ No
Respiratory Disease	☐ Yes	☐ No
Rheumatic Fever	☐ Yes	☐ No
Scarlet Fever	☐ Yes	☐ No
Shortness of Breath	☐ Yes	☐ No
Sinus Trouble	☐ Yes	☐ No
Skin Rash	☐ Yes	☐ No
Special Diet	☐ Yes	☐ No
Stroke	☐ Yes	☐ No
Swelling of Feet or Ankles	☐ Yes	☐ No
Swollen Neck Glands	☐ Yes	☐ No
Thyroid Problems	☐ Yes	☐ No
Tonsillitis	☐ Yes	☐ No
Tuberculosis	☐ Yes	☐ No
Tumor or growth on head or neck	☐ Yes	☐ No
Ulcer	☐ Yes	☐ No
Venereal Disease	☐ Yes	☐ No
Weight Loss, unexplained	☐ Yes	☐ No

MEDICATIONS

List medications you are currently taking:

_____

_____

_____

_____

Pharmacy Name_____

Phone_____

ALLERGIES

☐ Aspirin

☐ Barbiturates (Sleeping pills)

☐ Codeine

☐ Iodine

☐ Latex

☐ Local Anesthetic

☐ Penicillin

☐ Sulfa

☐ Other_____

_____

_____

_____

6 UPDATES (To be filled in at future appointments)

Has there been any change in your health since your last dental appointment? ☐ Yes ☐ No

For what conditions?_____

Are you taking any new medications?_____ If so, what_____

Patient's Signature_____ Date_____

Doctor's Signature_____ Date_____

Has there been any change in your health since your last dental appointment? ☐ Yes ☐ No

For what conditions?_____

Are you taking any new medications?_____ If so, what?_____

Patient's Signature_____ Date_____

Doctor's Signature_____ Date_____

PRINTCRAFT PRINTING

Serving the valley with integrity and compassion

Dr. Erin Leavitt, DMD • Dr. Nathan Leavitt, DDS • Dr. Jacob Leavitt, DMD
3326 4th Street Suite #1, Lewiston Idaho 83501
(208) 746-2646 • info@leavittfamilydentistry.com
www.leavittfamilydentistry.com

Welcome to Leavitt Family Dentistry!

Thank you for choosing our practice to help maintain your smile. We have proudly served the Lewis-Clark Valley for over 30 years and look forward to serving you for years to come.

Our mission is to provide you with the highest quality care possible in the same attentive and professional manner we would extend to members of our own family. We offer dental care for all ages and up-to-date dental technology and techniques to help you protect your teeth over a lifetime. We also offer a wide array of cosmetic dental services. Let us know how we can help with any goals you have for your smile.

For your convenience, we have enclosed the paperwork needed to register you as a new patient. **Please read through the packet and bring the following completed paperwork to the office on the day of your appointment:**

- Dental Registration and Health History
- Patient Financial policy
- Acknowledgement of Receipt of Notice of Privacy Practices

If you cannot fill out the paperwork in advance, please arrive at least 20 minutes prior to your appointment to allow time to register. If you have any questions or concerns, or need help filling out your paperwork, please do not hesitate to call our friendly staff at (208) 746-2646.

We look forward to meeting and serving you.

Best Regards,

Leavitt Family Dentistry

Serving the valley with integrity and compassion

Dr. Erin Leavitt, DMD • Dr. Nathan Leavitt, DDS • Dr. Jacob Leavitt, DMD
3326 4th Street Suite #1, Lewiston Idaho 83501
(208) 746-2646 • info@leavittfamilydentistry.com
www.leavittfamilydentistry.com

Patient Financial Policy

At Leavitt Family Dentistry, we strive to provide affordable and ethical dental care. For patients with and without dental insurance, we work to provide options for care so you can make decisions that match your preferences and budget.

You can make payments to our office on the day of service or opt to receive a bill in the mail. Bills are due within 30 days of receipt. Payment options include cash, check, all major credit and debit cards, and Care Credit. *Patients **without** dental insurance may receive a 5% discount with cash, check or debit payments* ***on the date of service.*** We offer three month interest-free payment plans upon request.

Insurance: We work with most major insurance companies to cover your needs. If you have dental insurance, please bring your insurance card to your first appointment. If you do not have a card, please confirm the dental insurance portion of your dental history form is complete. **It is the patients' responsibility to inform the office staff of any changes to your insurance.** Failure to provide complete insurance information may result in the bill being charged directly to you.

Insured patients are responsible for the remaining balance after insurance payments, due upon receipt.

Please let us know if you have any questions.

I acknowledge I have received a copy of Leavitt Family Dentistry's Patient Financial Policy:

_____

Print name

_____

Sign and date

LEAVITT
FAMILY DENTISTRY

Serving the valley with integrity and compassion

Dr. Erin Leavitt, DMD • Dr. Nathan Leavitt, DDS • Dr. Jacob Leavitt, DMD
3326 4th Street Suite #1, Lewiston Idaho 83501
(208) 746-2646 • info@leavittfamilydentistry.com
www.leavittfamilydentistry.com

Scan this QR code with your phone or tablet to view our Notice of Privacy Practices.

You may also request a notice at our front desk.

Acknowledgement of Receipt of our Notice of Privacy Practices

* You may refuse to sign this acknowledgement.

I_____, have received a copy of Leavitt Family Dentistry's Notice of Privacy Practices.

_____

Print Name

_____

Signature

_____

Date

_____

For Office Use only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

☐Individual refused to sign ☐Communication barriers prohibited obtaining the acknowledgement

☐An emergency situation prevented us from obtaining the acknowledgement ☐Other (Please Specify)

_____

LEAVITT
FAMILY DENTISTRY

Serving the valley with integrity and compassion

Dr. Erin Leavitt, DMD • Dr. Nathan Leavitt, DDS • Dr. Jacob Leavitt, DMD
3326 4th Street Suite #1, Lewiston Idaho 83501
(208) 746-2646 • info@leavittfamilydentistry.com
www.leavittfamilydentistry.com

Directions to Leavitt Family Dentistry

Leavitt Family Dentistry is conveniently located in the **Bryden Canyon Center,** just north of the Lewiston airport. We are fully handicap-wheelchair accessible. Please arrive 15 minutes before your scheduled appointment time so we can best serve all of our patients. Do not hesitate to call if you need help locating our office: