

Health History (Continued)

Circle appropriate answer

- Yes / No Is your general health good? If no, explain _____
 - Yes / No Has there been a change in your health within the last year? If yes, explain _____
 - Yes / No Have you gone to the hospital or emergency room or had a serious illness in the last three years? _____
If yes explain _____
 - Yes / No Have you or are you being treated by a physician in the past year? If yes explain _____ Date of last exam _____
 - Yes / No Have you had problems or complications with prior dental treatment? If yes explain _____ Date of last exam _____
 - Yes / No Are you in pain now? If yes, explain _____
 - Yes / No Do you have any other diseases or medical problems Not listed on page 2 of the health history? If yes explain _____
 - Yes / No Have you ever been pre-medicated for dental treatment? If yes, why _____
 - Yes / No Have you ever taken Fen-Phen? If yes, when _____
 - Yes / No Is there any other issue or condition that you would like to discuss with the dentist in private? _____
- Please list all medication you are presently taking: _____

The practice of dentistry involves treating the whole person. If the dentist determines that there may be a potentially medically-compromised situation, medical consultation may be needed prior to commencement of dental treatment.

I authorize the dentist to contact my physician. Patient signature _____ Date _____
Physician's Name _____ Phone number _____

I certify that I have read and understand this form. To the best of my knowledge, I have answered every question completely and accurately. I will inform my dentist of any change in my health and / or medication. Further I will not hold my dentist, or any other member of his / or her staff, responsible for any errors or omissions that I may have made in the completion of this form.

Signature of Patient (Parent or Guardian) _____ Date _____

Our Office Policy

When payment is not made at the time service is rendered, arrangements for credit must be made. A finance charge of 833% per month (10% annual rate - minimum charge \$1.00) may be applied to accounts not paid by the end of the next month following treatment unless you are on an auto-debit payment plan. I hereby authorize Rancho Bernardo Dental to make whatever credit inquires it considers necessary for the purposes of evaluating the granting of credit or collecting any credit granted, extended, renewed, or continued. Should a collection service or attorney be necessary to collect any accounts, patient (or responsible party) is responsible for, and agrees to pay any additional costs incurred. Any discounts offered will be rescinded if account is not paid as agreed. There shall be a \$20 charge for any check or auto debit payment returned unpaid. When a check I tender is NSF, I authorize an electronic debit to my bank account until amount is paid. Each doctor in this office, except Dr. Mobilia, performs dental services as an independent contractor, and is not Dr. Mobilia's employee.

Appointments

We would appreciate advance notice if you are unable to keep an appointment. A charge based on \$15 for each 15 minutes of reserved time will be made for appointments broken or cancelled without 24 hours advance notice. A charge may be made when you cancel an appointment when our staff calls to remind you the day before the appointment if it is less than 24 hours. Telephone and e-mail reminders are a courtesy, not an obligation.

Signature of Patient (Parent or Guardian) _____ Date _____

Medical updates (office use only)

Date	Patient Signature	Change to Health History	Dentist Initials