# *Gordon E. Krueger DDS, MS, PA*

*Certified Prosthodontist*

**PERSONAL INFORMATION:** DATE: _____

Patient Name:_____
Last First Middle

Date of Birth: ____/_____/_____ Sex: _____ Marital Status: _____

Address: _____
Street Apt/Unit/Lot #

_____
City State Zip

Home Phone: _____ Cell: _____ Work: _____

Email Address_____

Emergency Contact: _____ Phone #: _____

How would you prefer to receive appointment reminders: Text Email Call

Employer:_____Occupation:_____

**GETTING TO KNOW YOU:**

Whom may we thank for referring you? _____

When was your last dental visit? _____

For what service? _____

When were your last dental x-rays? _____

Dr.'s Name: _____ Phone #: _____

Have you had any teeth removed, if so when? _____

Do you have "Dry Mouth"? _____

Do you clench grind your teeth? (day or night) _____

Do you experience any ear pain? (right or left) _____

Please describe your dental problem and or purpose of this visit: _____

_____

_____

**MEDICAL HISTORY:**

How would you consider your health? Excellent Good Fair Poor

Personal Physician: _____

Physician Phone #: _____ Date of last visit: _____

Are you currently under a Doctor's care, if so please explain? _____

_____

Have you been hospitalized in the past 2 years or had any major surgeries? If so, please explain: _____

_____

## DO YOU OR HAVE YOU HAD ANY OF THE FOLLOWING (please circle):

| | | |
|---|---|---|
| Abnormal Bleeding | Fainting/ Dizziness | Psychiatric Treatment |
| Alcoholism | Gag Reflex | Radiation |
| Allergies | Heart Attack(s) | Rheumatic Fever |
| Anemia | Heart Murmur | Sinus Problems |
| Angina/Chest Pain | Heart Pacemaker | Stroke |
| Arthritis | Heart Surgery | Taking Blood Thinners |
| Artificial Heart Valve | Hepatitis | Thyroid Disease |
| Asthma | High Blood Pressure | Tuberculosis |
| Blood Problems | HIV/ AIDS | Do you smoke: |
| Breathing Problems | Joint/Hip Replacement | yes or no |
| Cancer | Kidney Trouble | Gained/ Lost 10 lbs |
| Chemotherapy | Low Blood Pressure | in the last year |
| Diabetes | Lung Problems | **IF FEMALE:** |
| Epilepsy | Mitral Valve Prolapse | Had Hysterectomy |
| Irregular Heart/Murmur | Nervousness | Currently Pregnant |

Do you have any health conditions not listed above? If so please explain: _____

_____

_____

_____

Please list **Medications** or pills of any kind you are taking (prescription/non -prescription & vitamins): _____

_____

_____

_____

Are you **Allergic** or have any ill effects from a particular drug, or medication? _____

_____

_____

Are you currently taking any bone density/Osteoporosis medications? _____

Are you currently taking any blood thinners? _____

Do you require an antibiotic before dental treatment? (i.e. hip/ joint replacement, mitral-valve prolapse, Rheumatic Fever, Heart Surgery or a Murmur) _____

_____

## INSURANCE:

We do not base our services on Insurance coverage. Insurance papers are filled out as a courtesy. You are responsible for any amount you're Insurance does not cover.

Dental Insurance Co.:_____ Phone #: _____

Insurance Address: _____

_____

Member ID #: _____ Group #: _____

Employers Name: _____

Employee/ Subscriber's Name: _____

Date of Birth: _____ Social Security #: _____

**FINANCES**: (fees for services performed outside this office are the patient's responsibility)

Person responsible for Payment: _____

**We require a 48 hour cancellation notice for a $45.00 fee will be charged.**

*I fully understand that Dr. Krueger cannot assume responsibility for per-existing medical/dental complications. Age, health, adaptability and attitude are major factors in dental health services. Thus, no guarantee or refund will be considered. There is no way of predicting the degree of success in prosthetic dentistry.*

_____

Your Signature Date

# *Gordon E. Krueger DDS, MS, PA*

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## Patient Consent to the Use and Disclosure of Health Information for Treatment, Payment of Healthcare Operations, Per HIPAA Regulations

I understand that as part of my healthcare, the practice originates and maintains paper/electronic records describing my health history, symptoms examinations and test results, diagnosis, treatment and any plans for future care and treatment. I understand this information serves as:

- A basis for planning my care and treatment
- A means of communication among the health professionals who contribute to my care, such as referrals.
- A source of information for applying my diagnosis and treatment information to my bill.
- A means by which a third-party payer can verify that services were actually rendered.
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of staff.

I have been provided with a "Notice of Patient Privacy Practices" that provide a more complete description of information uses and disclosures. I understand that I have the right to review the "Notice" prior to acknowledging this consent, the right to restrict or revoke the use or disclosure of my health information for other uses or purposes, the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations.

## Patient Communication

By Law, without your authorization Dr. Gordon E. Krueger DDS, MS, PA cannot communicate with:

- Your spouse
- Your adult Children or Caregivers
- Your Parents (if you are over 18 years or over)

Dr. Gordon E. Krueger DDS, MS, PA may need to communicate with your family or caregivers in the following circumstances:

- Making appointments
- Confirming appointments
- Discussing treatment needed or performed
- Account, Insurance or Financial Information

**Please indicate below the names of people who we may communicate with regarding your appointment, medical/dental or account information:**

☐ My Spouse _____

☐ My Adult Children _____

☐ My Parents _____

☐ Other _____

**Patient/Guardian Signature:** _____ **Date:** _____

**Print Name of Person Signing**: _____

* If other than (Patient Name) _____ is signing, are you the legal guardian, custodian or have Power of Attorney for this patient, for treatment, payment or healthcare operations? Yes ( ) No ( )