Hancock Dental

Quality Gentle Care



ANNUAL UPDATE FORM _____

In order to serve you properly we will need the following information. PLEASE PRINT.

Patient Information					
Name:	(MI)		(1 +)		(Preferred Name)
Address:		City:	(Last)		
Email:					
Check Box: □Single □ Married					
Patient or Parent's Employer: _		-			
Emergency Contact:		Relation:		Phone:	
Person Responsible for Accou	<u>nt</u>				
Name of person responsible fo	or this account:			Relatio	n:
Billing Address (if different from ab	ove):	Ci	ty:	State:	Zip:
Insurance Information Primar	y insurance carrier:			ID#:	
Authorization to Release Information to Release Information to the following the state of t	to discuss my denta	al care, appoir	tments, an	d/or may relea	se my confidential
Name:	· ·	Palati	onshin:		
Informed Consent and Acknown I consent to allow photographs etc. Full Face/Mouth □	and/or x-rays to be			-	
I understand that I am financiall of my signature on all insurance		charges whethe	er paid by n	ny insurance or 1	not. I authorize the us
I have answered all questions re and truthfully, including allergies inform the doctor at my next ap	s. I also understand i				
I agree to provide a minimum of ail an appointment, I may be a the practice.					
I instruct the dentist to deliver co once they've been discovered		essional judgen	nent, is nece	essary in the rest	oration of my health
Patient signature: (or guardian if po	tient is under 18 years o	old)	 Date:		

Medical History

you have or have you ever had:	you have or have you ever had: 1. Hospitalization for illness or injury 2. An allergic or bad reaction to any	y of the follow hen, codine the last 6 mo	Yes	s No	25. 26. 27. 28. 29. 30. 31. 32. 33.	Digestive or eating disorders (e.g cliac disease gastric reflux, bulimia, anorexia) Osetoporosis/osteopenia or ever taken antiresorptive medications (bisphosphonates) Arthritis or gout Autoimmune disease (e.g rheumatoid arthritis lupus, scleroderma) Glaucoma Contact lenses Head or neck injuries Epilepsy, convulsons (seizures) Neurologic disorders (e.g alzheimer's disease	5, 6 6 6
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An allergic or had reaction to any of the following:	2. An allergic or bad reaction to any Asprin, ibuprofen, acetaminople Penicillin Erythromycin Tetracycline Sulfa Local anesthetic Fluoride Chlorhexidine (CHX) Iodine Metals (nickle, gold, silver) Latex Nuts Fruit Milk Red dye Other	of the follow hen, codine the last 6 mo			27. 28. 29. 30. 31. 32. 33.	Osetoporosis/osteopenia or ever taken anti- resorptive medications (bisphosphonates) Arthritis or gout Autoimmune disease (e.g rheumatoid arthritis lupus, scleroderma) Glaucoma Contact lenses Head or neck injuries Epilepsy, convulsons (seizures) Neurologic disorders (e.g alzheimer's disease	5, 6 6 6
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o Nuts o Nuts o Fruit o Milk o Red dye o Other 33. Any lumps or swelling in the mouth o Milk o Red dye o Other 34. Hives, skin rash, hay fever Other 35. Hives, skin rash, hay fever 37. STI/STD/HPV 38. Heart problems, or cardiac stent within the last 6 mo	NutsFruitMilkRed dyeOther						
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o Red dye o Other 36. Hives, skin rash, hay Fever	o Red dye o Other						
37. STI/STD/IPV 38. Heart problems, or cardiac stent within the last 6 mo	o Other						
38. Hepatitis (type) 39. HIV/AIDS 40. Tumor, abnormal growth 41. Radiation therapy 42. Chemotherapy, immunosuppressive meds 43. Emotional difficulties 44. Psychiatric treatment or antidepressant medication 45. Concentration problems or ADD/ADHD 46. Alcohol/recreational drug use 47. Presently being treated for any other illness 48. Aware of a change in your health in the last chicken pox 49. Taking medications for weight management sinus congestion 50. Taking dietary supplements, vitamins, and/or problems (e.g asthma, stuffy nose, sinus congestion) 61. Sleep problems (e.g sleep apnea, snoring, insomnia, restless sleep, bedwetting) 62. Liver disease or jaundice 63. Asmoker, smoked previously or other found in problems or ADD/ADHD 51. Often exhausted or fatigued 52. Experiencing headaches or chronic pain 53. A smoker, smoked previously or other covarian syndrome) 54. Considered a touchy/sensitive person 55. Often unhappy or depressed 56. Taking birth control pills 57. Currently pregnant 58. Diagnosed with a prostate disorder 59. Vertigo (e.g "the room is spinning) 50. Thyroid, parathyroid disease, calcium deficiency 51. Often exhausted or fatigued 52. Experiencing headaches or chronic pain 53. A smoker, smoked previously or other 54. Considered a touchy/sensitive person 55. Often unhappy or depressed 56. Taking birth control pills 57. Currently pregnant 58. Diagnosed with a prostate disorder 59. Biagnosed with a prostate disorder 59. Diagnosed with a prostate disorder 59. Diagnosed with a prostate disorder 59. Diagnosed with a prostate disorder	3. Heart problems, or cardiac stent within						
4. History of infective endocarditis 5. Artificial heart valve, repaired heart defect (PFO)	· · · · · · · · · · · · · · · · · · ·						
5. Artificial heart valve, repaired heart defect (PFO)	4. History of infective endocarditis						
6. Pacemaker or implantable defibrillator							
7. Orthopedic or soft tissure implant (e.g joint replacement, breast implant)	• •			_			
replacement, breast implant)			Ш	П	41.	Radiation therapy	1
Repart numur, rheumatic or scarlet fever					42.	Chemotherapy, immunosuppressive meds	1
9. High or low blood pressure							
medication Astroke (taking blood thinners) Prolonged bleeding due to a slight cut (or INR > 3.5) Preumonia, emphysema, shortness of breath, sarcoidosis Are you: 13. Pneumonia, emphysema, shortness of breath, sarcoidosis 14. Chronic ear infections, tuberculosis, measles, chicken pox Sinus congestion) 15. Breathing problems (e.g asthma, stuffy nose, sinus congestion) 16. Sleep problems (e.g sleep apnea, snoring, insomnia, restless sleep, bedwetting) 17. Kidney disease or jaundice 18. Liver disease or jaundice 19. Vertigo (e.g "the room is spinning) 20. Thyroid, parathyroid disease, calcium deficiency ovarian syndrome) 21. Hormone deficiency or imbalance (e.g poly cistic ovarian syndrome) 22. High cholesterol or taking statin drugs 23. Diabetes (HbA1c =) Describe any current medical treatment, impending surgery, genetic/development delay, or other treatment that may possible affect your dental treatment 10. Astroke (taking blood treatment medical treatment impending surgery, genetic/development delay, or other treatment that may possible affect your dental treatment				_			
11. Anemia or other blood disorder			_	_			
12. Prolonged bleeding due to a slight cut (or INR > 3.5)					15		
Are you: 13. Pneumonia, emphysema, shortness of breath, sarcoidosis 14. Chronic ear infections, tuberculosis, measles, chicken pox 15. Breathing problems (e.g asthma, stuffy nose, sinus congestion) 16. Sleep problems (e.g sleep apnea, snoring, insomnia, restless sleep, bedwetting) 17. Kidney disease 18. Liver disease or jaundice 19. Vertigo (e.g "the room is spinning) 20. Thyroid, parathyroid disease, calcium deficiency ovarian syndrome) 21. Hormone deficiency or imbalance (e.g poly cistic ovarian syndrome) 22. High cholesterol or taking statin drugs 23. Diabetes (HbA1c =) Describe any current medical treatment, impending surgery, genetic/development delay, or other treatment that may possible affect your dental treatment 47. Presently being treated for any other illness 48. Aware of a change in your health in the last 48. Aware of a change in your health in the last 48. Aware of a change in your health in the last 48. Aware of a change in your health in the last 48. Aware of a change in your health in the last 48. Aware of a change in your health in the last 48. Aware of a change in your health in the last 48. Aware of a change in your health in the last 48. Aware of a change in your health in the last 48. Aware of a change in your health in the last 48. Aware of a change in your health in the last 48. Aware of a change in your health in the last 48. Aware of a change in your health in the last 48. Aware of a change in your health in the last 48. Aware of a change in your health in the last 48. Aware of a change in your health in the last 48. Aware of a change in your health in the last 48. Aware of a change in your health in the last 49. Taking medications for weight management 50. Taking medications for weight management 51. Often exhausted or fatigued 52. Experiencing headaches or chronic pain 53. A smoker, smoked previously or other (smokeless tobacco, vaping, e-cig, cannabis) 54. Considered a touchy/sensitive person 55. Often unhappy or depressed 56. Taking bi							
13. Pneumonia, emphysema, shortness of breath, sarcoidosis	12. Prolonged bleeding due to a slight cu	ıt					Į
Sarcoidosis					Are you.		
48. Aware of a change in your health in the last 24 hours (fever, chills, new cough, diarrhea) 15. Breathing problems (e.g asthma, stuffy nose, sinus congestion)					47	Presently being treated for any other illness	[
chicken pox						, ,	
49. Taking medications for weight management sinus congestion)	14. Chronic ear infections, tuberculosis, n	neasles,			40.		
sinus congestion) 50. Taking dietary supplements, vitamins, and/or probiotics probiotics					40		-
16. Sleep problems (e.g sleep apnea, snoring, insomnia, restless sleep, bedwetting) 51. Often exhausted or fatigued						2 2	
restless sleep, bedwetting)					50.		
17. Kidney disease						probiotics	-
18. Liver disease or jaundice					51.	Often exhausted or fatigued	[
19. Vertigo (e.g "the room is spinning)	17. Kidney disease				52.	Experiencing headaches or chronic pain	-
20. Thyroid, parathyroid disease, calcium deficiency	18. Liver disease or jaundice				53.	A smoker, smoked previously or other	
20. Thyroid, parathyroid disease, calcium deficiency	19. Vertigo (e.g "the room is spinning)					(smokeless tobacco, vaping, e-cig, cannabis)	-
21. Hormone deficiency or imbalance (e.g poly cistic ovarian syndrome)	20. Thyroid, parathyroid disease, calcium	ı deficiency	П	П	54.		
ovarian syndrome)			_	_			
22. High cholesterol or taking statin drugs				П			
23. Diabetes (HbA1c =)							
24. Stomach or duodenal ulcer							
Describe any current medical treatment, impending surgery, genetic/development delay, or other treatment that may possible affect your dental treatment					58.	Diagnosed with a prostate disorder	
affect your dental treatment			_				_
	·	-	_				O
List all medications, supplements, vitamins, and/or probiotics taken within the last two years							_
	List all medications, supplements, vita	amins, and/o	or pr	obiotics ta	aken within	the last two years	_