Daniel I. Miner DDS, PA
4800 General Hays Rd
Hays, KS 67601

(785)621-4997

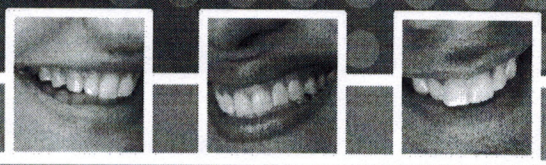

Chart #. _____
FOR OFFICE USE ONLY

Patient Name: _____ (Last) _____ (First) _____ (MI) _____ (Preferred Name)

Title: _____ (Mr/Ms/Mrs/etc) Gender: ◯ Male ◯ Female Family Status: ◯ Married ◯ Single ◯ Child ◯ Other

Birth Date: _____ SS #. _____ Prev. Visit: _____

Email Address: _____ Best time to call: _____

Phone: _____ (Home) _____ (Work) _____ (Ext) _____ (Mobile) _____ (Fax) _____ (Other)

Address: _____ _____

_____ (City) _____ (State) _____ (Zip Code)

Employer:

_____

Please give us the names of any immediate family members that have been seen here in the past who you would like included in your account, and also indicate who the "head of household" responsible for payment should be.

_____

Please list at least one alternate contact name and phone number:

_____

Whom may we thank for referring you to our practice?

_____

Please give your dental insurance card(s) to the receptionist when you arrive. You may also e-mail, fax or mail a copy to us. Please note, if you are covered under an insurance policy under someone else, we must place that person's information in your account to use their insurance for your treatment. We will need the insurancy policy holder's full name, employer, social security number and date of birth.

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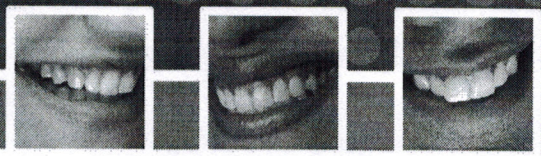

Health Information:

Name of medical doctor and phone number:

Are you currently under the care of a doctor for a medical condition? If pregnant, when is the due date?

Please list ALL allergies to medication and/or food and the reaction that occurs (rash, upset stomach, hives, makes you hyper, anaphalactic shock), and also any other allergies that you have:

Please list ALL over-the-counter and prescription medications you are taking (include vitamins, herbal supplements and recreational drugs):

Have you been hospitalized, had any surgeries or needed emergency care? Please be specific:

Have you ever had any of the following? Please check all that apply:

- ☐ ADD/ADHD
- ☐ Anemia
- ☐ Angina
- ☐ Arthritis
- ☐ Artificial Joints
- ☐ Asthma
- ☐ Autism/ASD
- ☐ Cancer
- ☐ Cerebral Palsy
- ☐ Chemotherapy
- ☐ cold sores
- ☐ Coumadin
- ☐ Diabetes
- ☐ Dizziness
- ☐ Epilepsy
- ☐ Fainting
- ☐ Glaucoma
- ☐ Head injuries
- ☐ Heart Attack
- ☐ Heart Disease
- ☐ Heart Problems
- ☐ HIV/AIDS
- ☐ Latex Allergy
- ☐ Liver Disease
- ☐ Mental Disorders
- ☐ Milk Allergy
- ☐ Pacemaker

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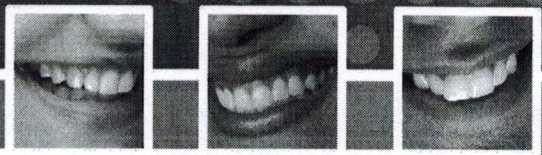

- [ ] Radiation
- [ ] Tuberculosis
- [ ] Developmental Delay
- [ ] Jaundice not at birth
- [ ] Respitatory Problems
- [ ] Rheumatism
- [ ] Tumors
- [ ] Hepatitis A,B, or C
- [ ] Intellectual Disability
- [ ] Rheumatic Fever
- [ ] Stroke
- [ ] Ulcers
- [ ] High Blood Pressure
- [ ] Muscular Dystrophy
- [ ] Bacterial Endocarditis

Any other medical conditions or problems not listed above?

Have you ever been given any of the following bisphosphonate drugs (common in cancer treatment and bone regrowth therapies)? Examples: Aredia (pamidronate), Zoledronate (Zometa, Aclasta), Bonefos (clodronate), Risedronate (Actonel), Ibandronate (Boniva), Neridronate, Olpadronate, Alendronate (Fosamax), Skelid, Didronel

Have you been told to take an antibiotic medication prior to dental treatments due to joint replacement or heart surgery? Please specify.

Tell us about any complications you have had following dental treatment or any problems you have with your teeth?

How many 8 oz glasses of sugar-containing liquid or pop do you drink per day? Do you guzzle or sip on them?

Do you use any tobacco products, if so what kind and how much?

Response Date: