SUMMIT COSMETIC DENTISTRY
Sydney Chau, D.D.S., P.C.
425 S. Summit Avenue
Fort Worth, TX 76104

PATIENT MEDICAL HISTORY

Name: _____ DOB: _____ Date:_____

Address: _____ Home #: _____
_____ Work #: _____

Do you have a family physician? Y N Date of last visit: _____
Primary Care physician: _____ Phone# _____
Your current physical health is: _____Good _____Fair _____Poor
Are you currently under the care of a physician? Y N
Please explain: _____
Are you currently taking any prescription/over-the-counter drugs? Y N
Please list each one: _____
Do you smoke or use tobacco in any other form? Y N

For Women: Are you taking birth control pills? Y N
Are you pregnant? Y N If yes, week #: _____
Are you nursing? Y N
Are you taking or have you taken Fosamax? Y N If yes, please explain: _____

Have you ever had any of the following diseases or medical problems?

Y	N	Abnormal Bleeding	Y	N	Glaucoma	Y	N	Mitral Valve Prolapse
Y	N	Anemia	Y	N	Hay Fever	Y	N	Pacemaker
Y	N	Angina	Y	N	Heart Attack	Y	N	Parkinson's Disease
Y	N	Arthritis	Y	N	Heart Murmur	Y	N	Psychiatric Problems
Y	N	Asthma	Y	N	Heart Surgery	Y	N	Rheumatic/Scarlet Fever
Y	N	Blood Pressure - High	Y	N	Hemophilia	Y	N	Sickle Cell Disease
Y	N	Blood Pressure - Low	Y	N	Hepatitis_____	Y	N	Sinus Problems
Y	N	Blood Transfusion	Y	N	Herpes / Fever Blisters	Y	N	Stroke
Y	N	Cancer/Chemotherapy/Radiation	Y	N	HIV+ / AIDS	Y	N	Thyroid
Y	N	Cerebral Palsy	Y	N	Joint Replacement	Y	N	TMJ/Clicking Jaw
Y	N	Congenital Heart Defect	Y	N	Kidney Disease	Y	N	Tuberculosis
Y	N	Diabetes	Y	N	Liver Disease	Y	N	Ulcers
Y	N	Emphysema	Y	N	Lung Disease	Y	N	Venereal Disease/STD
Y	N	Epilepsy/Seizures	Y	N	Migraine Headaches	Other: _____		

Please describe any current medical treatments, impending operations or other medical or dental information that may possibly affect your dental treatment: _____
_____
_____

Are you allergic to any drugs/materials? _____

Y N	Aspirin	Y N	Penicillin or other Antibiotics	Y N	Tranquilizers
Y N	Codeine or other Narcotic	Y N	Sulfa Drugs	Y N	Latex
Y N	Local Anesthetics	Y N	Sedative Drugs	Other: _____	

PATIENT DENTAL HISTORY

Chief complaint, What is the reason for your visit today? _____

_____

Have you had any injuries to the mouth? Y N If yes, Please explain:_____

_____

Have you had any prior unpleasant dental treatment? Y N If Yes, please explain: _____

_____

FEES FOR SERVICE PATIENTS (Patients without Dental Insurance) **& DENTAL INSURANCE PATIENTS:**

The above is accurate and true to the best of my knowledge. I agree to pay my co-payments, as well as any and all charges by my insurance company at the time of services rendered. I understand it is my responsibility to pay the fees for services rendered according to my insurance plan. By this signature, I authorize payment to Summit Cosmetic Dentistry and/or Sydney Chau, D.D.S., P.C., to receive payment to the above dentist otherwise payable to me for the services described above. I understand that I am financially responsible for the charges not covered by my insurance plan.

I understand that I am financially responsible for all of the charges for services rendered by Summit Cosmetic Dentistry or Dr. Sydney Chau D.D.S., P.C., since I am a fees for service patient.

Patient/Parent/Guardian Signature:_____ Date: _____

Patient's (or Guardian's) Signature

BROKEN APPOINTMENT POLICY

All appointment times in any dental office are limited and valuable to both the patients and the doctor. It is extremely important that all patients honor their reserved dental appointments. Failure to do so deprives other patients from receiving needed dental care in a timely fashion.

So that the dentist, staff and other patients will not be penalized by those who fail to keep scheduled appointments, the office policy of our office stipulates that failure to give sufficient notice of canceling or changing an appointment (24 hrs prior) result in a fee being charged. I understand that I am responsible for paying a missed appointment/late cancellation fee PRIOR to further services being rendered.

Patient/Parent/Guardian Signature: _____ Date: _____

*NOTE – Please confirm your insurance, your benefits and your co-pay prior to your appointment. A delay in verifying your insurance coverage may result in having to reschedule your appointment. Our staff as well as our other patients appreciate confirmation or your insurance prior to your appointment.

IF YOU HAVE ANY OTHER QUESTIONS, PLEASE CONTACT TERRI CAVIN, OUR OFFICE MANAGER.