Glenn D. Gerald, D.D.S.
2573 Chain Bridge Road Vienna, Virginia 22181
(703) 281-0041

ADULT HEALTH HISTORY

NAME:_____
SINGLE:_____ MARRIED:_____ DIVORCED:_____ WIDOWED:_____
ADDRESS:_____
CITY:_____ STATE:_____ZIP:_____
HOME PHONE:_____ WORK PHONE:_____ CELL PHONE:_____
SOCIAL SECURITY NUMBER:_____
EMPLOYED BY:_____ CURRENT POSITION:_____
NAME OF SPOUSE:_____
WHO REFERRED YOU?:_____
NAME OF DENTAL INSURANCE COMPANY:_____
NAME OF POLICY HOLDER:_____ EMPLOYER:_____
POLICY HOLDER'S DOB:_____ POLICY HOLDER'S SS#:_____
WHO WILL BE RESPONSIBLE FOR THIS ACCOUNT?:_____

DENTAL HISTORY

ARE YOU EXPERIENCING ANY DISCOMFORT AT THIS TIME?:_____
WHEN WAS YOUR LAST DENTAL APPOINTMENT?:_____
WHAT WAS DONE?:_____ DID YOU HAVE X-RAYS?:_____
HOW OFTEN DO YOU BRUSH?:_____ FLOSS?:_____
DO YOU HAVE BLEEDING/SENSITIVE GUMS?:_____
PHYSICIAN'S NAME:_____ LAST EXAM:_____

DO YOU HAVE, OR HAVE YOU HAD ANY OF THE FOLLOWING?

HEART PROBLEM:_____ ALLERGIES TO ANESTHETICS:_____ DIABETES:_____
HIGH BLOOD PRESSURE:_____ ALLERGIES TO DRUGS:_____ HEPATITIS:_____
LOW BLOOD PRESSURE:_____ ANEMIA:_____ HERPES:_____ MEASLES:_____
CIRCULATORY PROBLEMS:_____ ARTHRITIS:_____ MUMPS:_____ HIV/AIDS:_____
NERVOUS PROBLEMS:_____ ASTHMA:_____ PSYCHIATRIC CARE:_____
EXCESSIVE BLEEDING:_____ SINUS PROBLEMS:_____ STROKE:_____
TYPHOID FEVER:_____ SCARLET FEVER:_____ TONSILITIS:_____
RADIATION TREATMENT:_____ ARE YOU PREGNANT:_____ OTHER:_____
PLEASE LIST ALL CURRENT MEDICATIONS:_____

While our office is more than willing to submit insurance claims for our patients, we are doing so as a courtesy, and all insurance claims and payments are always the responsibility of the patient. We are not responsible for failure to file a claim or for improperly filed claims. After insurance claims have been filed and payment is received, patients are responsible for any remaining balance. In the event that a payment plan is set up, balances must be paid off within 90 days unless other arrangements are discussed. If these payments are not made in a timely manner, you may be charged an APR of 19.99%. If an account becomes delinquent and is subsequently sent to a collection attorney, you will be responsible for any attorney's fees which are incurred.

I UNDERSTAND AND AGREE TO THE ABOVE STATED INFORMATION. ALL THE INFORMATION I HAVE PROVIDED IS CORRECT.

SIGNATURE:_____ DATE:_____