Carl G. Lebo D.D.S., P.C. **General Practice**
3801 N. Fairfax Drive, Suite 72 Arlington, VA 22203 *Tel: 703-525-0233*

Welcome to our Office…

Personal Information

Name: Mr / Mrs / Miss / Ms:_____

Required by Insurance Co. ____ Single ____ Married ____ Divorce___ SSN: _____

Spouse of Parent (If Child): _____ SSN:_____

Home Address (No P.O. Box.) _____

City _____ State _____ Zipcode _____

Home # : _____ Cell # _____ Work # _____

Email: _____ DOB: _____

Employer: _____ Occupation: _____

Person Responsible for payment of Account: _____

Whom May we Thank for Referring you? _____

Pharmacy Phone no. & Address: _____

Employer and Dental Insurance Information

Insurance Company Name, Address, Phone No. _____

_____ ID: _____

Group # _____ Relationship to Policy Holder (Self, Spouse, Child) _____

Policy Holder's Name: _____ Policy Holder's SSN: _____

Policy Holder's Birth Date: _____ Policy Holder's Employer _____

Employer's Address and Tel # _____

_____

Financially Responsible Person (If other than Patient)

Name: _____ Relationship to Patient: _____

Address; _____

Home Tel: _____ Cell # _____ Work # _____

Date of Birth: _____ SSN # _____

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DENTAL HISTORY

Reason for Today's Visit? _____

Do you currently have problems with any of the following?

◊ Bad breath	◊ Grinding teeth or clenching teeth	◊ Sensitive to hot
◊ Bleeding	◊ Oral sores or growths	◊ Sensitive to sweets
◊ Clicking or popping	◊ Periodontal treatment	◊ Sensitive when biting
◊ Food collection between teeth	◊ Sensitive to cold	◊ Spontaneous pain

MEDICAL HISTORY

Primary Physician's name _____Date of last visit_____

Have you had any serious illnesses or been hospitalized in the past two years? ◊ Yes ◊ No

If yes, please describe: _____

_____

(Women Only) Are you pregnant? ◊ Yes ◊ No If Yes, what month? _ __ Nursing? ◊ Yes ◊ No

Taking birth control pills? ◊ Yes ◊ No

Are you allergic or had an adverse reaction to any of the following medications or substances?

Aspirin	Demerol	Nitrous Oxide	Tetracycline
Clindamycin	Erythromycin	Ibuprofen	Tylenol
Codeine	Latex	Penicillin	Vicodin
Darvon	Local Anesthetic	Percocet	Other

If other, please list: _____

If you have or have had any of the following, Please check:

◊ Anemia	◊ Circulatory Problems	◊ High Blood Pressure	◊ Scarlet Fever
◊ Arthritis, Rheumatism	◊Cough, Persistent	◊ HIV Positive	◊ Shortness of Breath
◊ Artificial Heart valve	◊ Cough up Blood	◊ Hepatitis	◊ Skin Rash
◊ Artificial Joints	◊ Diabetes	◊ Kidney Disease	◊ Stroke
◊ Asthma	◊ Drug/Alcohol Dependency	◊ Liver Disease	◊ Swelling of feet/ankles
◊ Back Problems	◊ Epilepsy	◊ Mitral Valve Prolapse	◊ Thyroid Disorder
◊ Blood Disease	◊ Fainting	◊ Neurological Disease	◊ Tobacco Habit
◊ Blood Transfusion	◊ Glaucoma	◊ Pacemaker	◊ Tonsillitis
◊ Cancer	◊ Headaches	◊ Rheumatic fever	◊ Tuberculosis
◊ Heart Disease	◊ Heart Murmur	◊ Radiation Treatment	◊ Ulcer
◊ Chemotherapy	◊ Hemophilia	◊ Respiratory Disease	◊ Anxiety Disorder

Please list any diseases, conditions or problems not checked above _____

_____

Please list all medications you are currently taking _____

_____

ABOVE INFORMATION IS TRUE: I have read and understand the above, I acknowledge that my questions if any, about the inquiries set forth above have been answered to my satisfaction. I will not hold my dentist(s) or any other member of the staff responsible for errors or omissions that I may have made in the completion of this form.

Patient Signature_____ **Date**_____

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ACKNOWLEDGMENT OF RECEIPT OF

NOTICE OF PRIVACY PRACTICES

*****You May Refuse to Sign This Acknowledgment*****

I, _____ have received a copy of this
Please Print Name Office's Privacy Notice.

_____ _____
Signature Date

I give permission for my information to be shared with the following person(s):

_____
_____
_____
_____
_____
_____

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgment
- ☐ An emergency situation prevented us from obtaining acknowledgment
- ☐ Other (Please Specify)