

# Health History Form



American Dental Association  
www.ada.org

E-mail: \_\_\_\_\_ Today's Date: \_\_\_\_\_

As required by law, our office adheres to written policies and procedures to protect the privacy of information about you that we create, receive or maintain. Your answers are for our records only and will be kept confidential subject to applicable laws. Please note that you will be asked some questions about your responses to this questionnaire and there may be additional questions concerning your health. This information is vital to allow us to provide appropriate care for you. This office does not use this information to discriminate.

|  |  |  |  |  |   |  |
|--|--|--|--|--|---|--|
| Name: _____  |  |  | Home Phone: include area code<br>( ) _____ |  | Business/Cell Phone: include area code<br>( ) _____             |  |
| Address: _____<br><small>(Mailing address)</small> |  |  | City: _____                                |  | State: _____ Zip: _____   |  |
| Occupation: _____                                  |  |  | Height: _____ Weight: _____                |  | Date of birth: _____ Sex: M F                                   |  |
| SSN or Patient ID: _____                           |  |  | Emergency Contact: _____                   |  | Relationship: _____ Home Phone: ( ) _____ Cell Phone: ( ) _____ |  |

If you are completing this form for another person, what is your relationship to that person?

| Your Name  | Relationship | (Check DK if you Don't Know the answer to the question) | Yes                      | No                       | DK                       |
|--|--------------|---|--------------------------|--------------------------|--------------------------|
| Do you have any of the following diseases or problems: |              |   |                          |                          |                          |
| Active Tuberculosis _____                              |              |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Persistent cough greater than a 3 week duration _____  |              |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cough that produces blood _____                        |              |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Been exposed to anyone with tuberculosis _____         |              |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer yes to any of the 4 items above, please stop and return this form to the receptionist.

## Dental Information For the following questions, please mark DO your responses to the following questions.

|  |                          |                          |                          |   |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| Do your gums bleed when you brush or floss? _____                          | Yes                      | No                       | DK                       | Do you have earaches or neck pains? _____                         | Yes                      | No                       | DK                       |
| Are your teeth sensitive to cold, hot, sweets or pressure? _____           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any clicking, popping or discomfort in the jaw? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does food or floss catch between your teeth? _____                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you bruise or grind your teeth? _____                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your mouth dry? _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have sores or ulcers in your mouth? _____                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had any periodontal (gum) treatments? _____                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear dentures or partials? _____                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had orthodontic (braces) treatment? _____                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you participate in active recreational activities? _____       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had any problems associated with previous dental treatment? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a serious injury to your head or mouth? _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your home water supply fluoridated? _____                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Date of your last dental exam: _____                              |                          |                          |                          |
| Do you drink bottled or filtered water? _____                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | What was done at that time? _____                                 |                          |                          |                          |
| If yes, how often? Circle one: DAILY / WEEKLY / OCCASIONALLY               |                          |                          |                          | Date of last dental x-rays: _____                                 |                          |                          |                          |
| Are you currently experiencing dental pain or discomfort? _____            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |                          |
| What is the reason for your dental visit today? _____                      |                          |                          |                          |   |                          |                          |                          |
| How do you feel about your smile? _____                                    |                          |                          |                          |   |                          |                          |                          |

## Medical Information Please mark DO your response to indicate if you have or have not had any of the following diseases or problems.

|  |                          |                          |                          |   |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| Are you now under the care of a physician? _____                             | Yes                      | No                       | DK                       | Have you had a serious illness, operation or been hospitalized in the past 5 years? _____                 | Yes                      | No                       | DK                       |
| Physician Name: _____ Phone: include area code ( ) _____                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If yes, what was the illness or problem? _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Address/City/State/Zip: _____  |                          |                          |                          |   |                          |                          |                          |
| Are you in good health? _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you taking or have you recently taken any prescription or over the counter medicine(s)? _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has there been any change in your general health within the past year? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If so, please list all, including vitamins, natural or herbal preparations and/or diet supplements: _____ |                          |                          |                          |
| If yes, what condition is being treated? _____                               |                          |                          |                          |   |                          |                          |                          |
| Date of last physical exam: _____  |                          |                          |                          |   |                          |                          |                          |

# Health History Template

**RJ Alexander**



## **Health History Template:**

**The Electronic Health Record for the Physician's Office E-Book** Julie Pepper, 2023-07-19 Get realistic hands on practice with performing EHR tasks Combining a print textbook with online SimChart for the Medical Office software The Electronic Health Record for the Physician's Office 4th Edition uses real world examples and screenshots to walk you through each EHR task Clear step by step guidelines simplify the exercises in each simulation so you master all the EHR skills required of a medical office professional You'll learn how to use EHR in patient care and reimbursement as you perform tasks in administrative use clinical care and coding and billing Written by Medical Assisting educator Julie Pepper this manual also helps you prepare for success on the Certified Electronic Health Records Specialist CEHRS examination UNIQUE Integration with SimChart for the Medical Office SCMO Elsevier's educational EHR sold separately makes it easier to learn and apply EHR fundamentals EHR Exercises with step by step instructions reinforce key concepts and allow practice with actual software increasing in difficulty based on the knowledge gained Critical Thinking Exercises provide thought provoking questions to enhance learning and problem solving skills Chapter Review Activities allow you to assess your knowledge of the material with activities such as a review of key terms matching and true false questions and additional opportunities for software practice Review of Paper Based Office Procedures describes how tasks are completed when the healthcare facility is using paper based procedures instead of electronic Trends and Applications provide real life examples of how EHR systems are being used to improve health care Application exercises in the appendix include front office clinical care and coding and billing allowing you to practice skills before tackling graded SCMO exercises Student resources on the Evolve website include a custom test generator to allow CEHRS exam practice or simulation NEW Content is aligned to the latest blueprint for the Certified Electronic Health Records Specialist CEHRS exam NEW Updated coverage includes data validation and reconciliation patient portals EHR training IT troubleshooting techniques common documentation errors reimbursement systems and processes authorizations federal guidelines and escalation procedures and reporting NEW Screenshots demonstrate EHR applications within SimChart for the Medical Office

**Clinical Procedures for Medical Assistants - E-Book** Kathy Bonewit-West, 2017-09-14 Learn the foundational concepts and skills necessary to become a successful clinical medical assistant Written using clear and accessible language Clinical Procedures for Medical Assistants 10th Edition guides you through common office procedures such as taking vital signs collecting and processing lab specimens preparing patients for examinations and assisting with office surgeries This new edition is thoroughly updated throughout and includes content on elephant system for ear irrigation influenza test h pylori test digital scale for measuring weight administration of rotavirus vaccine along with new chapters on nutrition emergency preparedness and the medical record Plus with the addition of soft skills and critical thinking exercises this comprehensive text introduces you the skills you need to succeed in today's fast paced medical office UPDATED procedural photos provides you with the most current

pictures of how to perform important clinical medical assisting procedures Detailed learning objectives at the beginning of each chapter align with respective procedures to help guide you through the learning process and ensure that you learned everything you should from the chapter Over 120 procedures presented in a clear illustrated step by step format with online videos showing 84 of the procedures in action Student resources on the Evolve companion website offer a fun way for you to practice your medical assisting knowledge with animations games matching exercises and other interactive activities Chapter outlines and learning objectives prepare you for the skills and concepts you will be learning Charting examples help you understand the process for charting your own procedures Patient Teaching boxes prepares you for effective communication with detailed instructions on how to answer questions and how to explain medical concepts and procedures What Would You Do What Would You Not Do case studies challenge you to apply your knowledge to realistic medical office situations with a practitioner s response at the end of chapters Putting It All Into Practice and Memories from Practicum boxes feature real medical assistants sharing personal on the job experiences Glossary of key terms gives you a quick reference guide for important terms and concepts

**Electronic Health Record** Pradeep K. Sinha,Gaur Sunder,Prashant Bendale,Manisha Mantri,Atreya Dande,2012-11-27 Electronic Health Record Standards Coding Systems Frameworks and Infrastructures Discover How Electronic Health Records Are Built to Drive the Next Generation of Healthcare Delivery The increased role of IT in the healthcare sector has led to the coining of a new phrase health informatics which deals with the use of IT for better healthcare services Health informatics applications often involve maintaining the health records of individuals in digital form which is referred to as an Electronic Health Record EHR Building and implementing an EHR infrastructure requires an understanding of healthcare standards coding systems and frameworks This book provides an overview of different health informatics resources and artifacts that underlie the design and development of interoperable healthcare systems and applications Electronic Health Record Standards Coding Systems Frameworks and Infrastructures compiles for the first time study and analysis results that EHR professionals previously had to gather from multiple sources It benefits readers by giving them an understanding of what roles a particular healthcare standard code or framework plays in EHR design and overall IT enabled healthcare services along with the issues involved This book on Electronic Health Record Offers the most comprehensive coverage of available EHR Standards including ISO European Union Standards and national initiatives by Sweden the Netherlands Canada Australia and many others Provides assessment of existing standards Includes a glossary of frequently used terms in the area of EHR Contains numerous diagrams and illustrations to facilitate comprehension Discusses security and reliability of data

**Primary Care Tools for Clinicians** Lorraine Loretz,2005-01-01 Designed to save time and assist busy practitioners this book guides standardized assessment and documentation of a patient s condition by providing ready to use forms that represent the gold standard of current practice

[Creating a Lifestyle Medicine Center](#) Jeffrey I. Mechanick,Robert F. Kushner,2020-09-04 Building on the groundbreaking work Lifestyle Medicine 2016 this unique

new book bridges the gap between theory and practice by providing detailed information on the real world development and creation of a Lifestyle Medicine Center whether independently or as part of an established medical program or department Part one sets the stage by establishing the rationale for creating a Lifestyle Medicine Center as well as the medical and economic burden it seeks to alleviate The construction of the physical facility and all of the myriad details of the program and its key players are covered in part two from the structural to the aesthetic including informatics developing patient resources and education tools current technologies and applications the role of the dietitian and exercise physiologist inpatient consultation the importance of community engagement and more Part three is comprised of case studies of existing successful Lifestyle Medicine Centers across the country with detailed descriptions of their history development programs and challenges Chapters are supported with plentiful figures tables and useful links The burden of chronic disease in the U S and globally is growing with pervasive direct and indirect multi scale adverse effects on health and well being economics and quality of life Notwithstanding the remarkable progress in biomedical technology the role of lifestyle medicine in managing chronic disease in a preventive care model is paramount however the relevant and effective education in lifestyle medicine is lacking Translating the theory into action steps instantiated by case studies with critical interpretations and problem solving tools Creating a Lifestyle Medicine Center is the go to resource for family and primary care physicians internal medicine physicians and all clinical specialties interested in planning and developing a lifestyle medicine program

Annals of Medical History ,1920      Saunders Manual of Medical Office Management Alice Anne Andress,1996 This remarkably practical resource gives you one stop access to all of the medical office management techniques you need You ll find detailed guidance on technical skills like management of appointments and schedules health insurance billing and use of office automation systems as well as advice on personnel management effective communication ethical and legal issues patient confidentiality and many other issues that are essential to your success And you will like how easy this Manual is to use Samples of consent forms letters and procedural policies offer concrete examples for you to follow Manager Alerts point out potential pitfalls and tell you how to avoid them Helpful From the Author s Notebook tips describe the best ways to handle a variety of office problems

Health Information Mervat Abdelhak,2007 Gives prospective health information management professionals the knowledge confidence and practical application experience to succeed in health informatics

**Strauss and Mayer's Emergency Department Management (eBook)** Robert W. Strauss,Thom A. Mayer,2013-09-05 A Comprehensive Practical Text on Effectively Running an Emergency Department Emergency Department Management is a real world pragmatic guide designed to help emergency department managers efficiently handle the many complex issues that arise in this challenging clinical environment Written by professionals who have spent their entire careers in the service of emergency department patients this unique text delivers practical solutions to virtually any problem that may arise in running an emergency department or acute care center COMPLETE EXPERT COVERAGE OF EVERY IMPORTANT

MANAGEMENT TOPIC INCLUDING Leadership Principles Operations Informatics Quality and Service Finance Reimbursement Contracts Legal and Regulatory Issues Malpractice Human Resources Emergency Department Management offers the guidance and expertise required to deliver consistent rapid high quality care It is the single best resource available to help you navigate the leadership challenges that arise daily in the emergency department **The Practical Guide to the Genetic Family History** MS Robin L. Bennett (CGC.),1999-04-21 This book is a concise and accessible resource on how to take and record a patient s family medical history to determine if the patient s affliction has a genetic component In an era of managed care physicians must be selective about which patients are truly in need of specialty medical services such as genetic testing and counseling This book will enable the health care professional to intelligently refer patients for genetic testing and counseling International Record of Medicine and General Practice Clinics Frank Pierce Foster,1920

Insurance Handbook for the Medical Office Marilyn Takahashi Fordney,2006 Offering guidance for all aspects of submitting tracing appealing and transmitting claims for today s full range of health plans this essential reference streamlines administrative procedures and increases office efficiency during the insurance billing process The 9th edition has been completely updated to include the latest information on essential topics such as the HIPAA regulations diagnostic coding procedural coding office and insurance collection strategies Medicare and more In addition this trusted resource of choice for medical insurance specialists is now printed in full color and contains a CD ROM that features Altapoint software that simulates the billing process and provides real world experience All content has been reviewed by industry experts and meticulously updated to reflect recent changes in insurance claim filing Procedural coding CPT and HCPCS and diagnostic coding ICD 9 CM and required documentation are emphasized as keystones to obtaining maximum reimbursement Unique color coded payer icons clarify information specific to different payers and help you understand CMS claim form completion Special HIPAA Alerts throughout the book help you comply with important governmental privacy regulations Emphasizes procedural CPT and HCPCS and diagnostic ICD 9 CM coding and documentation since they are the keystones to obtaining maximum reimbursement Block by block explanations and examples clearly demonstrate the correct way to complete the CMS 1500 claim form A wealth of completed sample insurance forms show how concepts are applied in real life Completely revised and updated to provide the most up to date information available Special HIPAA Alerts throughout the book help you comply with important governmental privacy regulations Accompanying CD ROM features AltaPoint software that simulates the billing process and provides realistic practice with patient scenarios An entire new chapter is dedicated to compliance and the e health initiative New Form icons and Computer icons throughout the text indicate the industry s current state of transition **West Virginia Medical Journal** ,1911 *A History of South-east Asia* Daniel George Edward Hall,1919 *American Journal of Public Health* ,1916 *Records and Briefs New York State Appellate Division* , **Journal of the American Public Health Association** ,1916 *Advanced Microsoft Word 2003* Joanne Marschke Arford,Judy Dwyer

Burnside,2005 Instruction and practice in advanced Word features as well as important desktop publishing terms and concepts Applications designed to develop skills in critical thinking decision making and creativity to reinforce collaborative learning as students plan design and evaluate business documents Instruction and practice in creating Web pages and PowerPoint presentations Guided step by step exercises leading to independent challenges Publisher *Science & Public Policy* ,2008 The Medical Officer ,1919

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## **Table of Contents Health History Template**

1. Understanding the eBook Health History Template
  - The Rise of Digital Reading Health History Template
  - Advantages of eBooks Over Traditional Books
2. Identifying Health History Template
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Health History Template
  - User-Friendly Interface
4. Exploring eBook Recommendations from Health History Template
  - Personalized Recommendations
  - Health History Template User Reviews and Ratings
  - Health History Template and Bestseller Lists
5. Accessing Health History Template Free and Paid eBooks

- Health History Template Public Domain eBooks
  - Health History Template eBook Subscription Services
  - Health History Template Budget-Friendly Options
6. Navigating Health History Template eBook Formats
    - ePub, PDF, MOBI, and More
    - Health History Template Compatibility with Devices
    - Health History Template Enhanced eBook Features
  7. Enhancing Your Reading Experience
    - Adjustable Fonts and Text Sizes of Health History Template
    - Highlighting and Note-Taking Health History Template
    - Interactive Elements Health History Template
  8. Staying Engaged with Health History Template
    - Joining Online Reading Communities
    - Participating in Virtual Book Clubs
    - Following Authors and Publishers Health History Template
  9. Balancing eBooks and Physical Books Health History Template
    - Benefits of a Digital Library
    - Creating a Diverse Reading Collection Health History Template
  10. Overcoming Reading Challenges
    - Dealing with Digital Eye Strain
    - Minimizing Distractions
    - Managing Screen Time
  11. Cultivating a Reading Routine Health History Template
    - Setting Reading Goals Health History Template
    - Carving Out Dedicated Reading Time
  12. Sourcing Reliable Information of Health History Template
    - Fact-Checking eBook Content of Health History Template
    - Distinguishing Credible Sources
  13. Promoting Lifelong Learning
    - Utilizing eBooks for Skill Development

- Exploring Educational eBooks
- 14. Embracing eBook Trends
  - Integration of Multimedia Elements
  - Interactive and Gamified eBooks

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