SERENITY DENTAL

Modern | Compassionate | Family Dentistry

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Serenity Dental Limited

New Patient Intake Form

Providing a serene experience for your dental care.

Section 1: Patient Information

Full Name: _____

Date of Birth (DOB): _____

Gender: ☐ Male ☐ Female ☐ Other: _____

Home Address: _____

City: _____ State/County: _____

ZIP/Postal Code: _____

Phone Number:

- Mobile: _____
- Home: _____
- Work: _____

Email Address: _____

Section 2: Emergency Contact

Full Name: _____

Relationship to Patient: _____

Phone Number: _____

Section 3: General Practitioner (GP) Details

GP Name: _____

Practice Name: _____

Practice Address: _____

City: _____ State/County: _____ ZIP/Postal Code: _____

Phone Number: _____

Section 4: Insurance Information

Primary Insurance Provider: _____

Policy Number: _____

Group/Plan Number: _____

Policyholder Name (if different from patient):

_____

Policyholder DOB: _____

Section 5: Medical History

Do you have or have you ever had any of the following conditions? (Check all that apply):

Cardiovascular Conditions:

☐ Heart Condition ☐ High Blood Pressure ☐ Low Blood Pressure ☐ Irregular Heartbeat/Arrhythmia ☐ Angina ☐ Heart Attack/Coronary Artery Disease ☐ Congenital Heart Defect

Endocrine and Metabolic Conditions:
☐ Diabetes (☐ Type 1 ☐ Type 2) ☐ Thyroid Disorders (☐ Hypothyroidism ☐ Hyperthyroidism) ☐ Metabolic Syndrome ☐ Adrenal Gland Disorders

Respiratory Conditions:
☐ Asthma ☐ Chronic Obstructive Pulmonary Disease (COPD) ☐ Sleep Apnea ☐ Tuberculosis ☐ Chronic Bronchitis

Neurological Conditions:
☐ Stroke ☐ Seizures/Epilepsy ☐ Parkinson's Disease ☐ Multiple Sclerosis ☐ Migraines/Chronic Headaches

Immune and Infectious Diseases:
☐ Cancer (specify type): _____ ☐ HIV/AIDS ☐ Hepatitis (☐ A ☐ B ☐ C) ☐ Autoimmune Diseases (specify): _____ ☐ Lupus ☐ Rheumatoid Arthritis

Gastrointestinal and Liver Conditions:
☐ Ulcers ☐ Crohn's Disease ☐ Irritable Bowel Syndrome (IBS) ☐ Liver Disease/Cirrhosis ☐ Gastroesophageal Reflux Disease (GERD)

Renal and Urological Conditions:
☐ Kidney Disease ☐ Kidney Stones ☐ Urinary Tract Infections (frequent or chronic) ☐ Bladder Disorders

Musculoskeletal Conditions:
☐ Osteoporosis ☐ Arthritis (☐ Rheumatoid ☐ Osteoarthritis ☐ Chronic Back or Neck Pain ☐ Fibromyalgia

Blood Disorders:
☐ Anemia ☐ Clotting Disorders (e.g., Hemophilia) ☐ Leukemia ☐ Sickle Cell Anemia

Mental Health Conditions:
☐ Anxiety ☐ Depression ☐ Bipolar Disorder ☐ Schizophrenia ☐ PTSD

Other Conditions:
☐ Pregnancy ☐ Breastfeeding ☐ Chronic Fatigue Syndrome

☐ Allergies (specify): _____
☐ Other (specify): _____

2. **Are you currently or have you recently experienced any of the following?**
☐ Recent Surgery (specify): _____
☐ Recent Illness (specify): _____
☐ Ongoing Pain or Discomfort (specify): _____

3. **Current Medications:**
☐ None ☐ List (include dosages): _____

4. **Do you have any known allergies, including medications?**
☐ No ☐ Yes (specify): _____

5. **Do you smoke or use tobacco products?**
☐ No ☐ Yes

6. **Do you consume alcohol?**
☐ No ☐ Yes (frequency): _____

7. **Do you have any medical or dental conditions not listed above that we should know about?**
☐ No ☐ Yes (specify): _____

Section 6: Dental History

1. **What brings you to Serenity Dental today?**
☐ Routine Cleaning ☐ Pain/Discomfort ☐ Cosmetic Dentistry ☐ Other: _____

2. **Have you had any of the following?**
☐ Dental Anxiety ☐ Gum Disease ☐ Root Canal ☐ Dental Implants ☐ Other: _____

3. **Date of Last Dental Visit:** _____

Section 7: Missed Appointment Policy

We value your time and ask that you value ours. If you need to cancel or reschedule your appointment, please notify us at least 24 hours in advance. Failure to do so will result in a $80 missed appointment fee. By signing below, you agree to this policy.

Patient/Guardian Signature: _____

Date: _____

Section 8: Financial Agreement

1. **Payment Policy:**

- All payments are due at the time of service.
- For procedures requiring more than one visit, **50% of the cost is due at the initial appointment**, and the remaining balance is due **on the day of the final appointment before being seated**.
- Treatments over $6,000 may be eligible for a payment plan. Please inquire with our office for details.

2. **Insurance:**

- Serenity Dental Limited submits treatment plans to your insurance company for estimates as a courtesy. Any amount not covered by your insurance is your full financial responsibility.

3. **Outstanding Balances and Collections:**

- Accounts with outstanding balances beyond **12 months** without communication or a payment plan will be forwarded to **JSM Collections**. An administration fee will be added to your account.

By signing below, you acknowledge and agree to the financial terms outlined above.

Patient/Guardian Signature: _____

Date: _____

Section 9: Consent for Use of Personal Information

PIPA Compliance

Your privacy is important to us. By signing below, you consent to the collection, storage, and processing of your personal and medical information as required for the provision of dental care, insurance claims, and compliance with legal regulations under PIPA (Personal Information Privacy Act) and DPA (Dental Practitioners Act).

Your information will not be shared without your explicit consent except as required by law. You may request a copy of our Privacy Policy at any time. By signing below you consent to the use of your personal information as per our policy.

Patient/Guardian Signature: _____

Date: _____

Section 10: Confidentiality Clause

At Serenity Dental Limited, we are committed to maintaining the confidentiality of your personal, medical, and financial information. Your data will only be used for purposes related to your dental care and will not be disclosed to unauthorized parties without your consent, except as required by law.

By signing below, you acknowledge that you understand and accept this confidentiality agreement.

Patient/Guardian Signature: _____

Date: _____

Office Use Only

Reviewed by: _____ Date: _____

Thank you for choosing Serenity Dental Limited! We are here to provide you with excellent care and ensure a serene experience.