

Date: _____

CONFIDENTIAL HEALTH HISTORY QUESTIONNAIRE

Name: _____ Date of Birth: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Home Phone: _____ Day Phone: _____ Cell Phone: _____

Emergency Contact Name/Relationship: _____ Phone: _____

1. Has there been any change in your health within this past year? Yes No
If yes, please explain _____
2. Date of your last physical examination _____ Physician: _____ Phone: _____
3. Have you been hospitalized or had any serious illness within the past 5 years? Yes No
If yes, please explain _____
4. Has your physician recommended pre-medication before dental treatment for any of the following:
Rheumatic fever / heart disease / prosthetic joint / artificial valves / heart murmur Yes No
If yes, please explain _____
5. Have you taken Phen-Phen (Phenformin/Phentermine) or Redux for weight control? Yes No
6. Do you have, or have you had, any of the following diseases or problems:
 - a. Rheumatic fever /rheumatic heart disease Yes No
 - b. Congenital heart lesions Yes No
 - c. Cardiovascular disease / high blood pressure Yes No
 - d. Diabetes: Type I or II (please circle) Yes No
 - e. Tuberculosis Yes No
 - f. Hepatitis A, B, or C / jaundice / liver disease (please circle & list when) _____ Yes No
 - g. Glaucoma: Open-angle or Closed-angle (please circle) Yes No
 - h. Unintentional weight loss Yes No
 - i. Oral/soft tissue lesions or other infections Yes No
 - j. Asthma Yes No
 - k. Respiratory problem other than asthma (please list): _____
7. Do you have a Pace Maker? Yes No
8. Do you have abnormal bleeding problems or any bleeding disorders such as anemia? Yes No
9. Have you ever taken Fosamax, Boniva, Actonel, or any other medication containing bisphosphonates? Yes No
If yes, Oral or IV? (please circle and list type, when, and for how long) _____
10. Have you had surgery or radiation treatment for a tumor or other conditions? Yes No
If yes, please explain _____
11. Please list all medications you are currently using, including vitamins, herbs and over-the-counter drugs with dosages:

12. Please list all medications you are allergic to or have reacted adversely to including latex gloves:

13. Are you or could you be pregnant? Yes No How many weeks? _____ Nursing? Yes No
14. Do you use tobacco? If yes, circle type: Smoke or Chew How much per day? _____ For how long? _____
15. Do you consume alcohol? If yes, approximately how many alcoholic beverages per week? _____ Yes No
16. Do you use any mood altering drugs other than those previously listed? If yes, list type: _____ Yes No
17. Have you had any trouble with previous dental treatment? Yes No
If yes, please explain _____
18. Do you have any other condition or problem, current or recurrent illness? Yes No
If yes, please explain _____
19. Do you have a fever of 100.5 degrees or higher? Yes No

Reviewed by Dr. Dryden: _____

Reviewed by Dr. Javarone: _____

Health History Updated: _____

ROGUE RIVER ENDODONTICS, LLC

PRACTICE LIMITED TO ENDODONTICS

Endodontic Consent Form

Root canal treatment includes opening up a tooth, cleaning out bacteria and debris, and filling the root space. Usually, the alternative to endodontic therapy is extraction of the tooth, with or without subsequent replacement, or no treatment with the potential for pain, cyst and abscess formation, or serious infection. If root canal therapy is needed in a tooth which already has a filling or crown, it may become necessary to remove this existing restoration.

Complications may include: pain or discomfort; infection and swelling; cracks or fractures of existing ceramic or porcelain restorations; metal instruments separating during the procedure and being left in the tooth; over extension of filling material beyond the root end; blocked or calcified (closed) canals which cannot be treated; perforations; root fractures; and delayed or no healing with chronic abscess or cyst formation.

In addition, with some of these complications, or should healing not occur, additional therapy such as retreatment or root-end surgery (apicoectomy) may be options to try and save the tooth. Sometimes, in spite of our best efforts, the tooth cannot be saved and will require extraction.

Adverse reactions, allergies or other complications can occur with anesthetics or medications we prescribe. It is important that you follow all post-treatment instructions and the recommendations concerning all medications. Contact us immediately if you have any problems with your medications or treatment.

Fees are based on the procedures completed, not on success or failure. Although root canal therapy overall has a high success rate, no guarantee can be made. It is important that you follow through with all scheduled appointments including any future evaluation visits. After the root canal is completed, the tooth will require a final restoration such as a new filling or a crown. This final restoration should be placed by your regular dentist as soon as possible to prevent fracture or decay which could result in the loss of the tooth. The final restoration, additional root canal retreatment, or any surgical therapy is not included as part of the procedure or fee.

I have read this form and have been given the opportunity to ask any questions regarding endodontic treatment. I, _____, verify that my signature below gives my consent for all endodontic and/or restorative treatment for tooth/teeth #(s) _____.

Patient's/Guardian's Signature date

Witnessed by date

Jeffrey A. Dryden, D.D.S. date
Julia A. Javarone, D.D.S., M.S.D.

I have received a copy of this form
Patient please initial

Rogue River Endodontics, P.C.

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

TO THE PATIENT-PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting:

Rogue River Endodontics, P.C.
Attn: Linda Chaffee
1004 Ramsey Ave.
Grants Pass, OR 97527

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

I hereby consent to Rogue River Endodontics PC using and disclosing my health information for the purposes of my treatment, obtaining payment and for its health care operations. I acknowledge that I have received and/or been offered a copy of this office's Notice of Privacy Practices.

Signature of Patient or Legal Guardian

Date

Print Patient Name

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT.
Include completed Consent in the patient's chart.

For Office Use Only

- We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:
- Individual refused to sign
 - Communications barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement