Dr. Steven Bruce, D.M.D., Dr. Robert Ririe, D.D.S., Dr. Daniel Bruce, D.D.S.

Sleep Apnea Health History

PATIENT HISTORY

Patient Name: _____ Date of Birth: _____ Sex: _____ Age: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Billing Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Bus. Phone: _____ Preferred Contact: _____
E-Mail: _____ SSN: _____ Employer/Occupation: _____
Emergency Contact: _____ Relationship: _____ Emergency Phone: _____
Whom may we thank for referring you? _____ Driver's License #: _____

INSURANCE INFORMATION

Primary Dental Insurance Company: _____ Group #: _____ Employer: _____
Subscribers Name: _____ SSN: _____ Date of Birth: _____
Secondary Dental Insurance: _____ Group #: _____ Employer: _____
Subscribers Name: _____SN: _____ Date of Birth: _____
Medical Insurance Company: _____ Member Number: _____
Group Number: _____ Plan Number: _____

FINANCIAL POLICY

A service charge of 1.5% per month (18% annual rate) will be applied to balances over 60 days, $1.00 minimum charge. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted under applicable law, I authorize release of any information relating to the insurance claim. If the patient is a minor, permission is granted for dental treatment, as deemed necessary to be performed in our office or until written notice is given discounting this permission.

I hereby authorize payment of the dental benefits directly to Dr. Steven Bruce, Dr. Robert Ririe, and Dr. Daniel Bruce.

Signature: _____ Date: _____

DENTAL HISTORY

Please check all that apply

- ☐ Are you currently seeing a dentist?
- ☐ Do you have any pending dental treatment?
- ☐ Do you have periodontal disease?
- ☐ Do you have any loose or broken teeth?
- ☐ Do you clench or grind your teeth?
- ☐ Are your teeth sensitive to hot, cold or sweets?
- ☐ Have you ever had a TMJ problem?
- ☐ Have you ever had trauma to your jaw?
- ☐ Do you get frequent or severe headaches?
- ☐ Does jaw pain or discomfort affect your appetite, sleep, daily routine, or other activities?
- ☐ Have you had orthodontic treatment (braces) or permanent teeth removed to correct your bite?
- ☐ Do you have cold sores, aphthous ulcers (canker sores), orother sores in or about your mouth?

MEDICAL HISTORY

Please list all doctors you are regularly seeking care from for any condition (We will inform them of your situation in case our treatment of your sleep disorder affects other treatments or conditions):

_____
_____
_____
_____

Please list any medications you are taking, including prescription, over the counter, or herbal medications and/or supplements:

_____

Do you use tobacco (smoking, snuff, chew)? Frequency and amount: _____

Do you have, or have you had, any of the following?

- ☐ Cancer/Tumor
  - If yes, were you treated with any of the following?
  - ☐ - Radiation
  - ☐ - Chemotherapy
  - ☐ - Surgery
- ☐ Diabetes or family history of diabetes
- ☐ Easy bruising
- ☐ Abnormal bleeding or blood disease
- ☐ Asthma
- ☐ Allergy problems
- ☐ Sinus problems
- ☐ Adenoids removed
- ☐ Tonsils removed
- ☐ Frequent nighttime urination
- ☐ Pace maker
- ☐ Frequent heartburn/GERD
- ☐ Weight gain or loss
- ☐ Attention Deficit Disorder
- ☐ Heart Disease
- ☐ Stroke
- ☐ Persistent cough
- ☐ Chronic fatigue
- ☐ Frequent sore throat

EPWORTH SLEEPINESS SCALE

In contrast to just feeling tired, how likely are you to doze or or fall asleep in the following situations? Use the following scale to choose the most appropriate number for each situation:

0 = Would never doze
1 = Slight chance of dozing
2 = Moderate chance of dozing
3 = High chance of dozing

Situation	Before Therapy	After Therapy
Sitting and Reading		
Watching Television		
Sitting inactive in a public place (i.e. Theater)		
As a car passenger for an hour without a break		
Lying down to rest in the afternoon		
Sitting and talking to someone		
Sitting quietly after lunch without alcohol		
In a car, while stopping for a few minutes in traffic		
Total Score		