Q DENTAL
5330B FM 1960, Humble, TX 77346
(281) 852-2230
www.qdentaltx.com

New Patient Form

Welcome to Q Dental. Please complete all three pages. We're happy to help.

1. Patient information

Full name: _____

Date of birth: _____ Today's date: _____

Phone: _____ Email: _____

Street address / Apt.: _____

City / State / ZIP: _____

Preferred name / language (optional): _____

Emergency contact

Name / relationship: _____

Phone: _____

Parent or legal guardian (if applicable)

Name / relationship: _____ Phone: _____

Insurance & payment contact

Please give your photo ID and dental insurance card(s) to the front desk.

Policyholder, if different from patient: _____

Policyholder's date of birth / relationship: _____

Person responsible for payment: ☐ Patient ☐ Other (complete below)

Name / relationship: _____ Phone: _____

Address, if different: _____

Your visit

Main concern or reason for today's visit: _____

_____

Last dental visit (approximate date): _____

Q DENTAL
5330B FM 1960, Humble, TX 77346
(281) 852-2230
www.qdentaltx.com

2. Health History

Patient name: _____ Date of birth: _____

Check any conditions you have now or have had. If unsure, please ask us.

☐ Heart disease / heart attack / stroke ☐ High blood pressure
☐ Heart valve condition / replacement / heart infection ☐ Pacemaker
☐ Bleeding disorder ☐ Diabetes ☐ Thyroid condition
☐ Asthma / lung disease ☐ Sleep apnea ☐ Seizures / fainting
☐ Kidney disease ☐ Liver disease / hepatitis ☐ HIV / immune condition
☐ Cancer / chemotherapy / radiation ☐ Joint replacement ☐ Osteoporosis
☐ Anxiety / depression / other mental health condition ☐ Other: _____
☐ None of the above

Details, other conditions, or recent surgery / hospital stay: _____

_____

Physician / clinic: _____ Phone: _____

Allergies & medications

Allergies or reactions (medicines, latex, dental materials): ☐ None known

Substance and reaction: _____

Medicines, doses & supplements (including nonprescription): ☐ None ☐ List attached

_____

_____

Additional questions — circle your answers

Ever taken bone-strengthening medicine (such as Fosamax or Prolia)? Yes / No
Told to take antibiotics before dental care? Yes / No / Unsure
Previous problems with dental treatment, numbing medicine, or sedation? Yes / No

If yes or unsure, please explain: _____

Pregnant or possibly pregnant? Yes / No / Not applicable Breastfeeding? Yes / No
Tobacco / vaping, alcohol, cannabis, or other drug use (type / frequency), or “none”:

_____

I confirm this information is accurate to the best of my knowledge and will tell Q Dental about any changes before treatment.

Patient / legal guardian signature: _____ Date: _____

Q DENTAL
5330B FM 1960, Humble, TX 77346
(281) 852-2230
www.qdentaltx.com

Privacy & Financial Policy

Patient name: _____

3. Privacy (HIPAA)

Q Dental protects your health information and uses or shares it for treatment, payment, and office operations as permitted by law. Our full Notice of Privacy Practices explains these uses, your rights, and how to ask questions or make a complaint.

Acknowledgment of receipt

I received Q Dental's Notice of Privacy Practices. My signature confirms receipt; it does not waive my privacy rights.

Patient / legal guardian signature: _____ Date: _____

4. Financial & appointment policy

Payment. We will explain recommended care and estimated fees before treatment. Your portion is due at the visit unless other arrangements are made in advance.

Insurance. We can submit claims and contact your insurer on your behalf. Coverage estimates are not guarantees. You are responsible for deductibles, copayments, and charges your plan does not cover, subject to applicable law and plan contracts.

Estimates. Treatment estimates are valid for 90 days. If your treatment needs or fees change, we will review the updated estimate with you before proceeding.

Appointments. Please give at least 24 hours' notice to cancel or reschedule. A missed visit or cancellation with less notice carries a $50 fee, unless we fill the appointment slot or the fee is prohibited by law or your plan.

Agreement

I have read and agree to the financial and appointment policy. I authorize Q Dental to submit insurance claims and contact my insurer about those claims. I have had the opportunity to ask questions.

Signature of patient / person responsible for payment: _____

Printed name / relationship: _____ Date: _____

This form does not authorize specific dental procedures. We will explain recommended treatment and obtain your consent before proceeding.