Welcome to Health Centered Dentistry

Thank you for your interest in becoming a patient at Health Centered Dentistry.

Enclosed you will find the new patient paperwork that you requested. Please fill out this paperwork as completely as possible. It is very important to us that we receive the most complete, accurate information about your current and past health history.

During your first visit to our office, we want you to be aware that our goal is to get to know you, understand what your health goals are, gather the appropriate diagnostic information we need to begin helping you, and give you the opportunity to get to know us. **We will not be performing any dentistry on your first visit, (no fillings, no cleanings, etc.).** This visit can take anywhere from 2 – 3 hours. Costs will vary and depend on the type of visit you need. We will assess this after receiving your completed paperwork and send you more specific details including a cost range. The records we use for a Whole Person Comprehensive diagnosis range from bitewing x-rays to study models to testing the amount of electricity between different areas of your mouth. **Getting to know you and your expectations will enable us to provide you with our best possible treatment plan created specifically for you.**

Please have any current x-rays you would like us to use/evaluate as part of your diagnostic record emailed to us prior to the date of your appointment at hcd@healthcentereddentistry.com. Please keep in mind that new x-rays may be necessary due to quality or "out-of-date" concerns.

INSURANCE: As a holistic practice we are considered an "out-of-network provider" for insurance companies. **Payment for all fees are due at the time of service.** We are happy to submit the insurance form for you and they will reimburse you according to your dental plan.

NOTE: In the event that you need to cancel your new patient appointment, we thank you in advance for giving us at least two weeks notice to provide others the opportunity to move up in our schedule.

Once your paperwork is received, we will review it and send you a letter with details about your initial visit. Feel free to visit our website for more information on a variety of topics: www.HealthCenteredDentistry.com

Respectfully,

The Doctors and Staff of
Health Centered Dentistry

On the back of this letter is a list of great websites that discuss some of the important issues involving Holistic Dentistry. Self-education surrounding these topics will make your first visit much more productive.

IAOMT

The IAOMT is a membership organization for dental, medical and research professionals who seek to promote mercury-free dentistry, and raise the standards of scientific biocompatibility in dental practice.

In 1984, thirteen dentists agreed that the amalgam issue was alarming, they also agreed that if there really was a problem with dental mercury, the evidence ought to be in the scientific literature. The Academy was formally chartered as a Canadian non-profit corporation to find answers to these questions.

The IAOMT has taken the lead in educating dentists and allied professionals in the methods of safely dealing with amalgam fillings, and safely disposing the waste. It has also led the way in developing more biocompatible approaches in other areas of dentistry, including endodontics, periodontics, and disease prevention. All this while maintaining the motto, "Show me the science!"

The IAOMT's main activities are centered around: Research, Education, and Political Action

Contact us to find a member dentist in your area…..

8297 ChampionsGate Blvd, #193
ChampionsGate, FL 33896
Tel: (863) 420-6373
Fax: (863) 419-8136
www.iaomt.org
E-Mail: info@iaomt.org

DAMS Inc.

Dental **A**malgam **M**ercury **S**yndrome (DAMS)

Ever since dentists first started installing amalgams in patients' teeth there has been an issue as to whether the dose of mercury is released from them and causes health (pathophysiologic) problems. DAMS is dedicated to the elimination of mercury (amalgam) fillings from the dental industry. This web site presents information pertaining to the dental amalgam issue.

1043 Grand Ave. #317
St. Paul, MN 55105
1 (651) 644-4572
E-mail: DAMS@USfamily.net
http://www.amalgam.org
http://www.dams.cc

The American Academy of Craniofacial Pain (formerly known as the American Academy of Head, Neck and Facial Pain) was founded in Philadelphia, Pennsylvania, in August, 1985, to fulfill a need for more widespread knowledge of the diagnosis and treatment of temporomandibular disorders and to seek specialty status for those whose main professional interest is in the clinical treatment of head, neck and face pain patients.

380 Ice Center Lane, Ste C
Bozeman, MT 59718 USA
Tel: 1 (33) 641-2227
Fax: 1 (406) 587-2451
E-Mail: info@aacfp.org
www.aacfp.org

American Association of Naturopathic Physicians

300 New Jersey Ave. NW, Suite 900
Washington, DC 20001
Toll free: 1-866-538-2267
www. Naturopathic.org
Email: member.services@Naturopathic.org

National Health Freedom Coalition

"Working for Health Rights in America"
Tel: (507) 663-9018
Website: www.NationalHealthFreedom.net

American Assoc. for Functional Orthodontics
www.aafo.org

Answers.com™ Health Search "Holistic Dentistry"

H D A Body Mind Spirit

1825 Ponce de Leon Blvd. #148 Coral Gables, FL 33134
Tel: (305) 356-7338 Fax: (305) 468-6359
www.holisticdental.org E-Mail: info@holisticdental.org

Established in 1978, the Holistic Dental Association has been one of the strongest supporters for those dentists seeking to provide better care for their patients. Their main goal has always been to educate the public and dentists about the benefits of Holistic Dentistry.

AIHM

Academy of Integrative Health & Medicine

Originally the American Holistic Medical Assoc. The AIHM was founded in 1978 to unite licensed physicians who practice holistic medicine. They support both doctors and patients in their quest for optimal health

6919 La Jolla Blvd, La Jolla, CA 92037
www.AIHM.org

International Association of Healthcare Practitioners

The International Assoc. of Healthcare Practitioners (IAHP) is a league of healthcare professionals dedicated to the use and exploration of innovative therapies. The organization was formed to provide a united voice in the field of complementary healthcare — one that would be heard by legislative bodies, insurance regulators, the public and other healthcare providers.

11211 Prosperity Farms Road, Suite D-325
Palm Beach Gardens, FL 33410-3487
Toll free: 800-311-9204 Fax: Phone: (561) 622-4334
http://www.iahp.com Email: iahp@iahp.com

Founded in 1947, **The Cranial Academy** places the welfare of their patients above all other considerations. These physicians have rapidly gained a reputation for successfully treating a myriad of health problems which were non-responsive to standard treatment (drugs, surgery, standard therapies). Their goals are to:

- Provide an understanding and greater knowledge of the principles of osteopathy.
- Stimulate further research and disseminate of the philosophy, principles and techniques taught by Dr. William G. Sutherland, DO. ***The Cranial Academy***

3535 E 96th St., Ste 100, Indianapolis, IN 46256
Tel: (317) 581-0411 Fax: (317) 594-9299
http://www.cranialacademy.com
E-mail: info@cranialacademy.org

The Institute for Functional Medicine®

Trains physicians and other healthcare practitioners to identify and heal the underlying clinical imbalances of chronic disease, creating momentum toward health. *Tel: (800) 228-0622*
http://www.functional medicine.org

Health Centered Dentistry

John D. Laughlin III D.D.S.
Angie Barsness D.D.S.

N7915 902nd St., River Falls, Wisconsin 54022
TEL: (715) 426-7777 FAX : (715) 426-7778
E-Mail: HCD@HealthCenteredDentistry.com
Website: www.HealthCenteredDentistry.com

New Patient Information

LAST NAME: _____ FIRST NAME: _____

TITLE: _____ MIDDLE NAME: _____ PREFERRED NAME: _____

ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTH DATE: _____ MARITAL STATUS: _____ GENDER: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMPLOYER: _____

OCCUPATION: _____ SPOUSE / PARENT OCCUPATION: _____

WEB SITE: _____ E-MAIL: _____

EMERGENCY CONTACT: _____ PHONE #: _____

MEDICAL ALERTS: _____

_____

_____

REFERRED BY (How did you hear about us?): _____

I give permission to the doctors of Health Centered Dentistry to monitor progress as well as provide therapy, and teach Neuromuscular relaxation therapy techniques (reducing restriction to proper motion) above and below the dental region for the purpose of reduction of dental stress on the musculoskelatal system throughout the body. I understand Dr. Laughlin has continued education and experience in the field of Deep Muscle Therapy and realize the need of this approach for reduction of muscle tension throughout the body including the TMJ. I further give the doctors permission to consult (in regards to my health care) with other health care providers, insurance companies, attorneys, and other professionals who may be able to provide information that may be pertinent to my condition. I also give permission to Health Centered Dentistry to use my Study Models, Photographs, Slides, X-rays, and other case documentation, for demonstration and education purposes which may include published articles, books, magazines, seminars, or multimedia publications. Phone numbers and addresses will not be disclosed without additional consent.

_____
Patients Full Name

_____ _____
Patient or Legal Guardian's Signature Date

Health Centered Dentistry

John D. Laughlin III, D.D.S.

Payment Policy

Payment Guidelines for Services Provided:

Payment by CASH, CHECK, or CREDIT CARD is due on the day of service.
Payment plans may be available after your first initial appointment.

We do want you to be aware that we assess finance charges of 1.5% per month (18% per year) on overdue accounts. We also charge for late cancellations and broken appointments.

I understand I am financially responsible to Dr. John D. Laughlin III for all charges incurred.

PAYMENT IN FULL IS ALWAYS EXPECTED ON THE DAY OF SERVICE.
(unless alternative arrangements have been made prior)

SIGNATURE: _____
(SIGNATURE OF RESPONSIBLE PAYER)

Insurance

If you have dental insurance, please provide us your dental insurance card at your first visit. We will submit your dental claim to your dental insurance for you. Your insurance company will then reimburse you directly.

Health Centered Dentistry is not a part of any insurance network and therefore is considered "out of network" coverage.

We do not submit to medical insurance.

We are unable to accept/submit medical assistance or Medicare.

Health History Form

NAME (please print): _____ DATE: _____

Please answer the following questions to help us understand your unique perspectives, priorities, and concerns. You can be assured this information is held in confidence.

1. What would you like us to help you with? _____

2. Do you need to be premedicated (before dental procedures)? ☐ Yes ☐ No
   If so, what medication(s)? _____
3. Do you usually see a dentist for routine cleanings and exams? ☐ Yes ☐ No
4. Please rate your comfort level with receiving dental treatment.
   ☐ No Problem ☐ Slightly Uneasy ☐ Moderately Anxious ☐ Wild Horses Have To Drag Me In

CHECK THE MOST APPROPRIATE BOXES

My ☐ mouth is very comfortable ☐ mouth is moderately comfortable ☐ mouth is uncomfortable	I ☐ think my dental health is excellent ☐ think my dental health is good ☐ think my dental health is poor
I ☐ have set goals for my dental health ☐ have never set goals for my dental health ☐ want to set goals for my dental health	I ☐ am able to chew all types of food comfortably ☐ have difficulty chewing some foods ☐ have difficulty chewing most hard or crunchy foods
I ☐ think the appearance of my mouth is excellent and would change nothing ☐ think the appearance of my mouth is satisfactory ☐ think the appearance of my mouth is unsatisfactory	I ☐ have generally chosen the highest quality dental option offered ☐ have generally based my treatment choices on the initial cost ☐ mostly don't complete the dental treatment that has been recommended
I ☐ hope for excellent dental health and repair ☐ would like good dental health and repair ☐ desire urgent care only	I ☐ am familiar with Holistic Dentistry and its importance ☐ am open to the possiblities of Holistic Dentistry ☐ am only interested in general dental care

5. Please describe any problems you have had with past dental experiences. _____

6. Who are the alternative healthcare providers you have seen, and for what therapies? _____

7. Who is your primary Medical Doctor / Health Care Provider? _____
   Practitioner's Phone Number: (____) _____ When was your last check-up? _____
8. Please list any hospitalizations / surgeries you have had. _____

9. Please list any prescribed or over the counter medications and food supplements (vitamins, minerals, glandulars) you take regularly (specify the amount). _____

10. Please describe any exercise you do 3 or more times per week. _____

PLEASE [X] THOSE THAT APPLY

NOW PAST

DIGESTIVE

- IBS (Irritable Bowel Syndrome)
- Crohn's Disease
- Ulcers
- Crave salt
- Gall bladder
- Low blood sugar
- Glaucoma
- Diabetes
- Brittle fingernails
- Arthritis
- Excessive hair loss

NEUROLOGICAL

- Shaking or twitching
- Muscle spasms
- Polio
- Seizures
- Heavy metal toxicity
- Dizziness
- Memory loss
- Nervousness
- Epilepsy
- Numbness of fingers
- Parkinson's disease
- Cerebral Palsy
- Multiple Sclerosis
- Fainting spells

BEHAVIOR / DEVELOPMENTAL

- ADD
- ADHD
- Learning disability
- Autism
- Mental disability
- Hyperactivity

EMOTIONAL / PSYCHOLOGICAL

- Emotional upsets
- Perfectionist
- Depression
- Physical, mental, and / or emotional stress
- Lose temper easily
- Often moody
- Schizophrenia
- Psychological care
- Anxiety

CARDIOVASCULAR / BREATHING

- Poor circulation
- Anemia
- Frequent nose bleeds
- Arteriosclerosis
- Heart problems (specify): _____
- Stroke (When): _____
- Previous Heart-Attack / Surgery
  - When: _____
  - What: _____

NOW PAST

- Angina (Chest Pain)
- Abnormal blood pressure
  - Hi~ Low~ (circle one)
- Swollen ankles / hands
- Asthma / Hay-fever
- Shortness of breath / Breathing difficulties
- Emphysema
- Sleep disturbances
- Sleep Apnea / Day Apnea
- Sleep Study Performed / Recmd
- Mouth breathing
- Swallowing problems
- Tongue / Lip tie release
- Myofunctional Therapy

IMMUNE SYSTEM ISSUES

- Mononucleosis
- Frequent colds
- Frequent fevers
- Lupus
- Tuberculosis
- Chemically sensitive
- Cancer (Type): _____
  - When diagnosed: _____
  - Treatments Performed: _____
  - Current Status: _____
- Pneumonia
- Hepatitis
- Candida infection (yeast, thrush)
- Venereal disease
- Thyroid Problems
- Slow healing
- Tonsilitis
- HIV / AIDS
- Skin rash
- Liver issues
- Bleeding gums
- Cold sores
- Shingles
- Chronically tired
- Sore mouth

STRUCTURAL ISSUES

- Chronic stiff neck
- Shoulder pain
- TMD / TMJ (Temporo Mandibular Joint Dysfunction)
- Grinding of teeth
- Clenching jaws
- Headaches
  - How Often: _____
  - Severity of Pain (1-10): ___
  - What activities are you not able to do during the pain? _____

NOW PAST

- Back pain (Circle applicable) Upper - Middle - Lower
- Scoliosis
- Sinus problems
- Hearing loss
- Frequent ear infections
- Orthodontics
- Speech problems
- Ringing in ears
- Neck injury / operation
- Artificial joints / bones

OTHER

- 3 (or more) hours of screen time daily
- Dental cavities
- Bad breath / Unpleasant taste in mouth
- Metallic taste in mouth
- Muscle soreness
- Night-time bathroom visits
- Leg cramps
- Kidney problems
- Accidents / Injuries

_____

_____

FEMALE ONLY

- Pregnant (due date): _____
- Nursing Mother
- PMS
- Birth control
- Menopausal problems
- Hormonal imbalance
- Breast Implant(s)

ALLERGIES:

- Penicillin
- Tetracycline
- Erythromycin
- Aspirin
- Codeine
- Dental anesthetics
- Latex
- Other: _____

RECREATIONAL DRUG USE

- Nicotine:
  - cig / per day ____
  - cigars / per day ____
- Vaping
- Alcohol
- Marijuana
- Cocaine
- Caffeine (coffee or sodas)
- Pipe (tobacco)
- Chewing tobacco
- Other: _____

COUNSELING / HISTORY OF

- Alcohol dependence
- Chemical dependence (prescription and/or street drugs)

Health History / New Patient Information Contd.

MEDICATION / DRUG / PHARMACEUTICAL USAGE

NOW	PAST		
___	___	Thyroid Medication	_____
___	___	Diabetes Medications	_____
___	___	Blood Pressure Medication	_____
___	___	Heart Medication	_____
___	___	Muscle Relaxants	_____
___	___	Anti-Depressants	_____
___	___	Pain Medications	_____
___	___	Antibiotics	_____
___	___	Digestive/Stomach Medication	_____
___	___	Cortisone	_____
___	___	Aspirin / Ibuprofen / Tylenol	_____
___	___	Over The Counter Medications	_____
___	___	Other Medications	_____

SIGNATURE : _____ DATE: _____

Are you having any pain now? _____

Where is the pain? _____

Rate your pain from 0 - 10: _____

How long have you been having pain? _____

Who is currently taking care of your dental needs? _____

What was your dentist's opinion of this problem? _____

_____

_____

What is the reason you want to become a patient at health centered dentistry? _____

_____

_____

What do you know about our office philosophy? _____

_____

_____

We treat many patients who are highly sensitive to enviornmental pollutants...
Please refrain from wearing perfumes and / or colognes when you visit our office.

In an effort to hold down the cost of dentistry to you and other patients, we limit our billing processes.
You may pay for your treatment by cash, check or credit card.
Payment is always expected on the date of service.