



Diabetes

Diabetics are more prone to gum disease. If left untreated, gum disease makes it

harder for diabetics to control their blood sugar. When gum disease is eliminated, diabetics improve their blood sugar control and make diabetic complications less likely.

Rheumatoid Arthritis

The causes of gum disease and RA may be related. One doesn't cause the other, but when one is present the other is more likely to be going on. If your gums are inflamed you may be at increased risk for developing RA.



Obesity – Being overweight has been linked with an increased risk for cardiovascular disease, diabetes and gum disease. If you are overweight you should be tested for gum disease, diabetes and cardiovascular disease.



Alzheimer's Disease

Researchers are now investigating the role of gum disease in the development of Alzheimer's Disease.



Special Concerns for Females



Any family history of diabetes? yes no
Have you had any of these warning signs of diabetes?
frequent urination excessive thirst
excessive hunger weakness and fatigue
slow healing of cuts unexplained weight loss

IF YOU HAVE DIABETES,
How is your diabetes control? good fair poor
When was your last A1c _____ **What score?** _____
Who is your physician for diabetes? _____

Have you ever been diagnosed with Rheumatoid Arthritis?
yes no
If you have rheumatoid arthritis, emerging research suggests that eliminating any gum disease and then keeping it at bay can lessen the crippling effects of arthritis.

Are you overweight? We can calculate your weight status by using **Body Mass Index (BMI) and waist size.**

BM I= (703 x weight)/(height) ²	Healthy waist size
18.4 or below Underweight	Male less than 40"
18.5 to 24.9 Healthy weight	Female less than 35"
25.0 to 29.9 Overweight	
≥30.0 Obese	

What is your current weight _____
What is your Your current height _____
What is your current waist size _____
Do you eat a balanced diet? yes no

Do you have a family history of Alzheimer's Disease?
yes no

FEMALES
Tell us if you are or are planning to become pregnant. Gum disease can make it up to eight times more likely that you will have a pre-term, low birth weight baby. You can greatly reduce the likelihood of having an adverse pregnancy outcome by finding out if you have gum disease and then doing whatever is necessary to eliminate it before you get pregnant. It is also important to make sure your gums are inflammation free while you are pregnant.

Do you have osteoporosis? Yes No Don't know

These following are risk factors for osteoporosis:
Post-menopausal Family history of osteoporosis Early menopause Rheumatoid Arthritis Inadequate exercise Smoking

Do you any risk factors for osteoporosis? Yes No
Have you ever been tested? Yes No



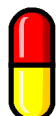
TOBACCO USE

Tobacco use is the most significant risk factor for gum disease.



HEART ATTACK/STROKE

Untreated gum disease can increase your risk for heart attack and stroke.



MEDICATIONS

A side effect of some medications causes changes in your gums.



GENETIC

The tendency for gum disease to develop can be inherited.



STRESS

Major stressors have a very definite adverse affect on your immune system.



CONTAGIOUS

The bacteria which cause gum disease may be spread to a spouse or other members in your household.



Artificial Joint

When you have gum disease bacteria gets into the bloodstream daily. These bacteria can lodge on an artificial joint and cause a serious infection.

Please check the box if you *now or have ever used*

Cigarette Cigar Pipe Chew Snuff
If yes, please list...

Amount Used for how If you quit,
per day many years list what year

Do any other members of your household use tobacco?

Yes No

Do you have any other risk factors for heart disease or stroke?

Family history of heart disease Tobacco use
 High cholesterol High blood pressure

If you have any of these other risk factors it is especially important for you to always keep your gums as healthy and inflammation free as possible to reduce your overall risk for heart attack and stroke.

Have you ever taken any of the following medications?

Dilantin anti-seizure medication.
 Calcium Channel Blocker blood pressure medication (such as Procardia, Cardizem, Norvasc, Verapamil, etc.).
 Cyclosporin immunosuppresant therapy.

Has anyone on your side of the family had gum problems (e.g. your mother, father, or siblings)?

yes No

The following stressful events can significantly reduce your resistance to things like gum disease:

*Death of spouse Divorce/ separation Jail term Pregnancy
 Death in family Injury / illness Marriage Retirement
 Loss of job Change in finances*

Have you recently been dealing with any of these major stressors? Yes No

If one family member has periodontal disease, guidelines suggest that all family members see a dental professional for a periodontal disease screening.

Has everyone in your household been screened for the presence of gum disease? Yes No

Do you have an artificial joint? Yes No

If you have an artificial joint it is important for you to do whatever is necessary to keep oral inflammation to a minimum over your lifespan. Doing so will reduce your risk for a serious joint infecdtion.

NOTICE OF PRIVACY PRACTICES from the office of Richard M. Voget, D.D.S., P.S.
509 Olive Way, Suite 1238, Seattle, WA 98101, Tel. (206) 623-7591

This notice describes how health information about you may be used and disclosed, and how you can get access to this information.

The law protects the privacy of the health information we create and obtain in providing care and services. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information. Federal and state law allows us to use and disclose your protected health information for treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

EXAMPLES OF USE AND DISCLOSURES OF PROTECTED HEALTH INFORMATION. **For treatment:** Information obtained by the dentist or other member of our staff will be recorded in your health record and used to help decide what care may be right for you. We may also provide information to others providing your care. **For payment:** We request payment from your dental insurance plan, which needs information about your care that may include your diagnoses, procedures performed or recommended care. **For health care operations:** We may contact you to remind you about appointments and give information about treatment alternatives or other related benefits and services. We may use and disclose your information to arrange for services, including: dental quality review by your dental insurance plan; accounting, legal, risk management, and insurance services; audit functions.

YOUR HEALTH INFORMATION RIGHTS. The health and billing records we create and store are the property of the practice. The protected health information in it, however, generally belongs to you. You have a right to: Receive, read, and ask questions about this notice. Ask us to restrict certain uses and disclosures; you must deliver this request in writing to us; we are not required to grant the request, but we will comply with any request granted. Request and receive from us a paper copy of the most current Notice of Privacy Practices. Request that you be allowed to see and get a copy of your protected health information; you may make this request in writing (we have a form available). Have us review a denial of access, except in certain circumstances. Ask us to change your health information; you may make this request in writing; you may write a statement of disagreement if your request is denied; it will be stored in your record and included with any release of your records. When you request, we will give you a list of disclosures of your health information; the list will not include disclosures to third-party payors; you may receive this information without charge once every 12 months; we will notify you of the cost if you request this information more than once in 12 months. Ask that your health information be given to you by another means or at another location; please sign, date and give us your request in writing. Cancel prior authorizations to use or disclose health information by giving us a written revocation; your revocation does not affect information that has already been released; it also does not affect any action taken before we have it; sometimes you can not cancel an authorization if its purpose was to obtain insurance.

OUR RESPONSIBILITIES. We must keep your protected health information private; give you this notice; follow the terms of this notice. We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this notice. You may receive the most recent copy by calling and asking or by visiting our office.

COMPLAINTS. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. If you complain, we will not retaliate against you.

OTHER DISCLOSURES AND USES OF PROTECTED HEALTH INFORMATION. Notification of Family and Others. Unless you object, we may release health information to a friend or family member who is involved in your care or to someone who helps pay for your care. We may use and disclose your protected health information without your authorization as follows: With Medical Researchers; To Funeral Directors/Coroners; To Organ Procurement Organizations; To the Food and Drug Administration; To Comply With Workers' Compensation Laws; For Public Health and Safety Purposes as Allowed or Required by Law; To Report Suspected Abuse or Neglect; To Correctional Institutions if you are in jail or prison; For Health and Safety Oversight; For Disaster Relief Purposes; For Work -Related Conditions That Could Affect Employee Health; To the U.S. Military Authorities and Foreign Military Personnel; For Judicial/Administrative Proceedings at your request or as directed by a subpoena or court order; For Specialized Government Functions.

Signature below is only acknowledgment that you have received this Notice of Privacy Practices. Please sign and return one copy and keep one copy.

Signature of Patient /Guarantor _____ Print name _____
Date _____

RELEASE OF HEALTH INFORMATION FOR PAYMENT PURPOSES

I authorize the office of Richard M. Voget, D.D.S., P.S. to release any health care information necessary for payment by my dental insurance company relative to the services provided me by the office of Richard M. Voget, D.D.S., P.S.

Signature of Patient/Guarantor _____ Date _____