

**PATIENT INFORMATION** (Confidential and Necessary)

Today's Date - -

Name \_\_\_\_\_ Birth Date: - - - Age: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Numbers: Home - - - Work - - - Cell - - -

e-Mail Address \_\_\_\_\_ @ \_\_\_\_\_ Social Security Number - - -

Your Employer \_\_\_\_\_ Position \_\_\_\_\_ How Long? \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Spouse/Parent/Guardian (circle one) \_\_\_\_\_ Other Guardian \_\_\_\_\_

Their Employer \_\_\_\_\_ Position \_\_\_\_\_ How Long? \_\_\_\_\_

Nearest Relative Not Living With You \_\_\_\_\_ Relationship? \_\_\_\_\_

Their Phone Number - - - City \_\_\_\_\_ State \_\_\_\_\_

Whom Should We Contact In An Emergency? \_\_\_\_\_ Phone - - -

Physician \_\_\_\_\_ Phone Number - - -

Person Responsible For This Account \_\_\_\_\_ (signature)

**DENTAL INSURANCE INFORMATION** (to process your claim)*Primary Dental Ins. Co.* \_\_\_\_\_ Employer \_\_\_\_\_ Group # \_\_\_\_\_

Phone - - - Annual Benefit Maximum \_\_\_\_\_ Annual Deductible \_\_\_\_\_

Employee's Name \_\_\_\_\_ SS# - - - Birthdate - - -

*Secondary Insurance Co.* \_\_\_\_\_ Employer \_\_\_\_\_ Group # \_\_\_\_\_

Phone - - - Annual Benefit Maximum \_\_\_\_\_ Annual Deductible \_\_\_\_\_

Employee's Name \_\_\_\_\_ SS # - - - Birthdate - - -

Whom May We Thank For This Referral (How did you find out about us)? \_\_\_\_\_

Are You Having Any Dental Problems? Yes No (please circle) Please Describe: \_\_\_\_\_

Do You Have Any Hobbies or Special Interests? \_\_\_\_\_

(Over)



**PERSONAL NOTES AND INFORMATION**

**Other Family Members:**


**Is there anything that you would like us to know about you, your dental history, or any other concerns:** \_\_\_\_\_


**Do you have a fear of dental treatment that has prevented you from seeking the care that you need or want? Yes No** \_\_\_\_\_

**Would you be interested in sedation, either Nitrous Oxide (laughing gas) or taking a medication to make your treatment proceed easier? Yes No**

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**Office Use:** \_\_\_\_\_
