



Patient Information

Name _____ Soc Sec # _____
last name first name initial

Mailing address _____

City _____ State _____ Zip _____

Physical address _____

City _____ State _____ Zip _____

Home phone _____ Mobile phone _____ Email _____

Sex M F Age _____ Birthdate _____ Single Married Widowed Separated Divorced

Patient employed by _____

Occupation _____ Business phone _____

Whom may we thank for referring you? _____

Notify in case of emergency _____ Home phone _____

Mobile phone _____ Business phone _____

Email _____

If different from above, provide name and phone number of responsible party _____

Primary Insurance If we will be able to scan your insurance card during your visit, you can skip this part

Person responsible for account _____
last name first name initial

Relation to patient _____ Birthdate _____ Soc Sec # _____

Person responsible employed by _____

Insurance company _____ Phone _____

Insurance company address _____

Patient ID # _____ Group # _____

Name of other dependents under this plan _____

Is there a secondary insurance? Y N *If yes, see the front desk*

Dental History

What would you like us to do today? _____

Are you in dental discomfort today? _____

Former dentist _____

Dentist's city and state _____

Dentist's phone _____

Date of last dental care _____ Last x-rays _____

How often do you brush? _____ Floss? _____

How do you feel about the appearance of your teeth? _____

Other information about your dental health or previous treatment:

Check (✓) yes or no for the following:

Bad breath Y N

Bleeding gums Y N

Clicking or popping jaw Y N

Food collection between teeth Y N

Grinding or clenching teeth Y N

Loose teeth or broken fillings... Y N

Periodontal treatment Y N

Sensitivity to cold Y N

Sensitivity to hot Y N

Sensitivity to sweets Y N

Sensitivity when biting Y N

Sores or growths in mouth..... Y N

Have you experienced an adverse reaction during or in conjunction with a medical or dental procedure... Y N

If yes, describe:

Please complete the other side >

