

WELCOME

Thank you for selecting our dental healthcare team! We will strive to provide you with the best possible dental care. To help us meet all your dental healthcare needs, please fill out this form completely. If you have any questions or need assistance, please ask us - we will be happy to help.



PATIENT INFORMATION

Name _____ Today's date _____
Address _____
City _____
State _____ Zip _____ Date of Birth _____
Email Address _____
Home Phone _____ Sex M F
Business Phone _____ Single
Cell Phone _____ Married
SS # _____ Widowed
Employer _____ Divorced
Relationship to Insured _____ Significant Other
Person responsible for Acct: _____
Parent's Name _____ Spouse's Name _____
(if minor) _____
Emergency Contact _____

Whom may we thank for referring you?

DENTAL INSURANCE INFORMATION

Insured's name _____
Birthdate _____
SS# or Insurance ID _____
Employer _____
Insurance company name _____
Address _____
Phone _____
Group or member # _____
Is patient covered by additional dental insurance Yes or No
Insured's name _____
Birthdate _____
SS# or Insurance ID _____
Employer _____
Insurance company name _____
Address _____
Phone _____
Group or member # _____

If college student, name of school and location

DENTAL HISTORY

When was your last visit? _____ How often did you see your dentist? _____
Are you having any problems that require immediate attention (describe)? _____
How often do you brush your teeth? _____ floss? _____ other aids? _____
Do your gums ever bleed while cleaning? _____ feel tender or swollen? _____
Do any of the following cause tooth discomfort?
Hot _____ Cold _____ Sweets _____ Chewing _____
Do you clench or grind your teeth? _____
Do your jaws ever feel tired or ache? _____ click or pop? _____
Have you ever had orthodontic treatment (braces)? _____
Do you have any cracked or broken teeth / fillings? _____
Do you have noticeable wear on your teeth? _____ food traps? _____
Do you have any concerns or desires about the appearance of your smile? _____

Please add anything you feel is important _____