

Welcome, please tell us about yourself....

Date: _____

Name: _____

I prefer to be addressed as: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____ Ext: _____

E-Mail _____

Best Way to contact you: _____

Male Female

Date of Birth: _____ Age: _____

Social Security: _____

Employer: _____

Occupation: _____

Employer Address: _____

Other Family Members at our office: _____

Whom may we think for referring you to our office?: _____

Who was your former dentist?: _____

Address: _____

Phone Number: _____

Last Visit: _____

Emergency Contact Info ...

Name: _____

Relation: _____

Contact Phone Number: _____

If other than yourself or a minor, please list the person responsible for the account: _____

Billing Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Relationship: _____

Date of Birth: _____

Employer: _____

Financial Info ...

Primary Insurance: _____

Policy Holder: _____

Policy Holder Date of Birth: _____

Policy ID Number: _____ Group Number: _____

Secondary Insurance: _____

Policy Holder: _____

Policy Holder Date of Birth: _____

Policy ID Number: _____ Group Number: _____

Health History

Physician: _____

Clinic Location: _____

Clinic Phone Number: _____

Last Visit: _____

Pharmacy: _____

Pharmacy Phone Number: _____

I hereby certify that I have read the following and have been given a copy for my records if requested: Acknowledgment of Receipt of Notice of Privacy Practices, Agreement and Consent for Dental Services and Missed Appointment Policy.

I have reviewed the information above and have answered to the best of my knowledge. I understand that it is my responsibility to inform the doctor and staff of any changes to my health status.

Signature: _____ Date: _____