

WELCOME TO OUR PRACTICE

Please complete all sections on this form for us to be able to process your information correctly.

1. ABOUT YOU

Today's Date ____/____/____

Patient Name (Mr./Mrs./Ms.) _____ Birthdate: ____/____/____ Age: _____

Mailing Address: _____ SS #: _____

City State Zip

Referred By: _____ Marital Status: _____

Home Phone# _____ Work Phone# _____ Cell/Other # _____

Email Address _____

Employer _____ Occupation _____

2. INSURANCE INFO

PRIMARY DENTAL INSURANCE (If secondary insurance is available please complete separate form)

Ins. Co. Name: _____ Relation _____

Insured's SS#: _____ Date of Birth: ____/____/____ Phone # _____

Insured's Name _____ Insured's Employer: _____

Ins Co Address _____

City State Zip

3. DENTAL INFO

Reason for today's visit: _____ Are you in pain? (circle one) Yes No

Previous Dentist: _____ Last Dental X-Rays ____/____/____

4. MEDICAL HISTORY

Do you require pre-medication? (circle one) Yes No Don't Know Are you Pregnant? (circle one) No Yes/How Long _____

Do you have or have you had any of the following diseases, medical conditions or procedures? (please circle Y or N for each)

Y N Heart Attach/Stroke	Y N Kidney Problems	Y N Cancer/Tumors	Y N Chemo/Radiation
Y N Heart Surgery/Pacemaker	Y N Respiratory Problems	Y N Hepatitis	Y N Asthma
Y N Heart Murmus	Y N Sinus Problems	Y N HIV+/AIDS	Y N Leukemia
Y N Mitral Valve Prolapse	Y N Jaw Problems TMJ/TMD	Y N Rheumatic Fever	Y N Artificial Valves
Y N Arthritis/Rheumatism	Y N Tuberculosis TB	Y N Bleeding Problems	Y N Diabetes
Y N Aritifical bones/Joints	Y N High/Low Blood Pressure	Y N Fainting/Seizures/Epilepsy	
Y N Severe/Frequent Headaches			

Please list all current medications: _____

Please list any/all allergies to medications: _____

Primary Care Provider Name: _____ Phone # _____

I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand it is my responsibility to inform this office of any changes to the information I have provided.

Signature: _____ Date: ____/____/____

*This form must be completed and signed by a parent/legal guardian/guarantor for anyone under the age of 18.