PATIENT INFORMATION

Patient Name _____ Nick Name _____

Address _____ City/State _____ Zip _____

Phone # (_____) _____-_____ Work Phone # (_____) _____-_____ Cell Phone # (_____) _____-_____

Sex : M F Marital Status: S M D W Birthdate _____/_____/_____ Social Security # _____ - ___ - _____

Email _____ Spouse's Name _____

Patient's Employer _____ Work Phone # (_____) _____-_____

Emergency Contact/Relationship_____ Phone# (_____) _____-_____

RESPONSIBLE PARTY/POLICY HOLDER INFORMATION

Do you have dental insurance? YES (*Complete this section*) NO (*Include only responsible party information*)

Name _____ Relationship to Patient _____

Social Security # _____- _____ - _____ Birthdate _____/_____/_____ Phone # (_____) _____-_____

Address _____ City/State _____ Zip _____

Employer _____ Work Phone # (_____) _____-_____

Insurance Company:_____

APPOINTMENT CONFIRMATIONS

How would you like to have your appointments confirmed? (Check all that apply)

☐ Home ☐ Text to cell phone ☐ Email _____

DENTAL HISTORY

Have you ever had:

Clicking or noise in your jaw	Yes	No	Pain in your jaw or ear	Yes	No
Any gum pain or swelling	Yes	No	Any loose teeth	Yes	No
Bleeding when you brush	Yes	No	Chewing difficulty or pain	Yes	No
Orthodontic treatment	Yes	No	Do you feel it is important to keep your teeth?	Yes	No
Grind or clench your teeth	Yes	No	Are your teeth sensitive to:	Hot	Cold Sweet

How do you feel about having dental treatment done? _____

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

Is there anything else you feel we should be aware of? _____

HOW DID YOU HEAR ABOUT US?

Please circle one: ***Phone Book*** ***Office Magazine*** ***Newspaper*** ***Letter/Postcard*** ***Patient/Family*** ***Internet*** ***Implant Flyer*** ***Other***

If you received a *MAILING FROM US*, *please circle which one you received:* *LETTER*, *POSTCARD*, *MAGAZINE* or *FLYER*

What about the mailing made you call us *(be specific)?* _____

If referred by a *PATIENT*, please let us know *Who referred you & What Did They Say About Us*? _____

_____

If you found us on the *INTERNET*, *Where Did You Find Us*? _____

If *OTHER*, please explain: _____