

PLEASE FILL OUT THIS FORM COMPLETELY. THE BETTER WE COMMUNICATE, THE BETTER WE CAN CARE FOR YOU.

### PATIENT INFORMATION

Date \_\_\_\_\_ E-mail Address \_\_\_\_\_ Patient's SS # \_\_\_\_\_  
Patient's Name \_\_\_\_\_  Male  Female Prefers to be Called \_\_\_\_\_  
Last First Middle  
Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City State Zip  
Birthdate \_\_\_\_\_ Whom may we thank for referring you to our office? \_\_\_\_\_  
If patient is a minor, give parent's or guardian's name \_\_\_\_\_  
Are other family members treated here? \_\_\_\_\_ If so, who? \_\_\_\_\_  
Name & birthdays of siblings: \_\_\_\_\_

### RESPONSIBLE PARTY / LEGAL GUARDIAN INFORMATION

Name \_\_\_\_\_  
Last First Middle  
Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Marital Status:  Single  Married  Divorced  Widowed Birthdate \_\_\_\_\_  
Address (No P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How long at this address? \_\_\_\_\_  
Previous Address (if less than 3 years) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Number \_\_\_\_\_ Mobile Number \_\_\_\_\_ Work Number \_\_\_\_\_  
Employer \_\_\_\_\_ Type of Business \_\_\_\_\_ Occupation \_\_\_\_\_ # of years \_\_\_\_\_  
Spouses Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_  
Mobile # \_\_\_\_\_ Work # \_\_\_\_\_  
Employer \_\_\_\_\_ Type of Business \_\_\_\_\_ Occupation \_\_\_\_\_ # of years \_\_\_\_\_

### PRIMARY INSURANCE INFORMATION

Insured's Name \_\_\_\_\_ Insured's Soc. Sec. # \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Group No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
Insurance Co. Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Do you have dual coverage? Yes  No

### EMERGENCY INFORMATION

Relative or Friend not living with you \_\_\_\_\_  
Complete address \_\_\_\_\_  
Phone \_\_\_\_\_

### DENTIST INFORMATION

Dentist's Name \_\_\_\_\_  
Date of last cleaning \_\_\_\_\_ Dentist's Main Concern \_\_\_\_\_  
\_\_\_\_\_