

Patient # \_\_\_\_\_

Date filled out: \_\_\_\_\_

scheduled by: \_\_\_\_\_



**Patient Information**

\*Appointment Date \_\_\_\_\_ time \_\_\_\_\_ \*Home Phone \_\_\_\_\_ \*Cell Phone \_\_\_\_\_

Please Circle: Mr. Mrs. Ms. Miss Dr. Rev. Other \_\_\_\_\_

\*Patient's Name \_\_\_\_\_  
Last First Middle Preferred

\*Address \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_ \*Birth Date \_\_\_\_\_

\*If patient is a minor, give parent/guardian name \_\_\_\_\_

\*Who may we thank for referring you to our office? \_\_\_\_\_

\*Please list friends/relatives treated in our office \_\_\_\_\_

\*Patient's Dentist \_\_\_\_\_ Patient's Activities & Hobbies \_\_\_\_\_

Patient's School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ \*Gender \_\_\_\_\_



**Responsible Party Information**

Please Circle: Mr. Mrs. Ms. Miss Dr. Rev. Other \_\_\_\_\_ \*Relationship to Patient \_\_\_\_\_

\*Name \_\_\_\_\_  
Last First Middle single divorced married other

Address \_\_\_\_\_  
Street City State Zip

How long at this address? \_\_\_\_\_ \*Home Phone \_\_\_\_\_ \*Work Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ # of Years Employed \_\_\_\_\_

**Spouse Information**

Please Circle: Mr. Mrs. Ms. Miss Dr. Rev. Other \_\_\_\_\_

\*Spouse's Name \_\_\_\_\_ \*Relationship to Patient \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ # of Years Employed \_\_\_\_\_

Birth Date \_\_\_\_\_ \*Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_



**Insurance Information**

**Primary**

**Secondary**

Insured's Name \_\_\_\_\_ / \_\_\_\_\_

Insured's Social Security # \_\_\_\_\_ / \_\_\_\_\_

Insured's Employer \_\_\_\_\_ / \_\_\_\_\_

Insurance Company \_\_\_\_\_ / \_\_\_\_\_

Insurance Phone # \_\_\_\_\_ / \_\_\_\_\_

Insurance Address \_\_\_\_\_ / \_\_\_\_\_

Group # \_\_\_\_\_ / \_\_\_\_\_

*print name* of person signing form \_\_\_\_\_

