

PATIENT INFORMATION

Patient's Name _____ S.S. # _____ Birth date _____ Age _____
Responsible party if patient is a minor _____ Relation _____
Address _____ Home Phone _____
City _____ State _____ Zip Code _____ Cell Phone _____
Employer _____ Occupation _____ Work Phone _____

INSURANCE 1ST COVERAGE

Employee Name _____
Employer _____ #yrs. _____
Name of Insurance Co. _____
Program or Policy # _____
Union Local _____
Social Security Number _____
Birth date _____

INSURANCE 2ND COVERAGE

LIST REMAINING PERSONS TO APPEAR ON THIS ACCOUNT:

FULL NAME	BIRTH DATE	AGE	M / F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In Case of Emergency: Name, address, and phone number of nearest relative not living with you:

IN CONSIDERATION OF THE SERVICES RENDERED TO ME BY THIS DENTAL CENTER, I AM OBLIGATED TO PAY SAID DENTAL CENTER IN ACCORDANCE WITH ITS CREDIT TERMS AND POLICIES.

PATIENT'S SIGNATURE _____ DATE _____
If patient is a minor, guardian or parent must sign

DENTAL HISTORY

Referred by _____

Previous Dentist _____

Date of last dental check up and / or cleaning _____

Why are you seeking dental care? _____

How often do you... Brush? _____ Floss? _____ See Dentist _____

What would the loss of your natural teeth mean to you? _____

DO YOU HAVE ANY OR HAVE YOU EVER HAD: (circle)

- | | | | |
|---|--------|---|--------|
| 1. Head or neck injuries----- | Yes/No | 8. Orthodontics treatment----- | Yes/No |
| 2. Sore or sensitive teeth----- | Yes/No | 9. Periodontal Disease (Pyorrhea)----- | Yes/No |
| 3. Bleeding gums----- | Yes/No | 10. Trouble open / close jaw point----- | Yes/No |
| 4. Grind or clench teeth----- | Yes/No | 11. Reactions with "novocaine"----- | Yes/No |
| 5. Difficulty chewing----- | Yes/No | 12. Bleeding, slow healing after tooth extraction | Yes/No |
| 6. Anxiety of dental treatment----- | Yes/No | 13. Dissatisfaction with appearance----- | Yes/No |
| 7. Sores on lips or mouth that are slow to heal | Yes/No | 14. When was your last dental x-ray taken? | _____ |