

# WELCOME

## Personal Information

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male Female  
Last First Middle Circle One

If Child, Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other family members in this practice: \_\_\_\_\_

Whom may we thank for this referral: \_\_\_\_\_

Method of Payment (circle all that apply): Cash Check Credit Card Insurance

## Employment Information

Patient / Parent Employed By: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Spouse Employed By: \_\_\_\_\_ Length of employment: \_\_\_\_\_

## Insurance Information

If you have secondary coverage, complete the following:

Employee: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Employee: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number of Employee \_\_\_\_\_ Social Security Number of Employee \_\_\_\_\_

Name of Insurance Co. \_\_\_\_\_ Name of Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Number \_\_\_\_\_

## Dental Information

Purpose of visit: \_\_\_\_\_

How long since you last dental visit? \_\_\_\_\_ What dental treatment was done? \_\_\_\_\_

When was the last time your teeth were cleaned? \_\_\_\_\_

Previous dentist's name \_\_\_\_\_ If not local, City & State: \_\_\_\_\_

Are any of you teeth sensitive to (circle all that apply): Hot Cold Sweets Pressure

How often do you brush your teeth? \_\_\_\_\_ How often do you floss your teeth? \_\_\_\_\_

Have you ever had gum treatment or surgery? \_\_\_\_\_ If yes, how long ago? \_\_\_\_\_

Have you ever had a root canal treatment? \_\_\_\_\_ If yes, how long ago? \_\_\_\_\_

Have you ever had braces to straighten your teeth? \_\_\_\_\_ If yes, how long ago? \_\_\_\_\_

How do you feel about your teeth in general? \_\_\_\_\_

Patient / Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist: \_\_\_\_\_ Date: \_\_\_\_\_

# REGISTRATION / DENTAL HISTORY