Patient Information

Patient's Name: _____**Preferred Name:** _____
(First Middle Name Last)
Address: _____City_____State_____Zip_____
Date of Birth:_____ **Telephone:** Cell_____ Home_____
Email Address: _____**Employer**: _____ **Social Security #**_____
Spouse/Guardian Name (if applicable)**:**_____**Spouse/Guardian DOB** (if applicable):_____
Is anyone else in your family a patient? ☐ **Yes** ☐ **No** **If yes, whom?** _____

Insurance Information

Name of Insurance: _____ **Policy Holder**: _____ **Group #**_____
Employer: _____ **Social Security #:** _____ **DOB:** _____
Relation to Patient: _____ **Secondary Insurance** ☐ **Yes** ☐ **No**

Medical History

Are you under the care of a physician? ☐ Yes ☐ No **If yes, state why**_____
Physicians Name: _____

Have you had any of the following? (check boxes if apply):

☐ Heart Trouble	☐ Hepatitis/Type	☐ Radiation Treatment	☐ Chemotherapy
☐ Cortisone Therapy	☐ Diabetic	☐ Sleep Apnea	☐ Heart Valve Replacement
☐ High Blood Pressure	☐ Epilepsy	☐ Stroke	☐ Blood Thinners
☐ TMJ-Jaw Joint	☐ HIV Positive	☐ TB-Tuberculosis	☐ Latex Allergy
☐ Artificial Joints	☐ Asthma	☐ Currently Use Tobacco	

If yes, when: _____

List of current prescription medications: _____
_____
Pharmacy of Record: _____**Allergies**: _____

If female, are you pregnant? ☐ Yes ☐ No
How long has it been since you've seen a dentist? _____

Acknowledgment & Authority

I consent to treatment as necessary or desirable to the care of the patient first named above, including but not restricted to what drugs, medicine, performance of operations and conduct of laboratory, x-ray, or other studies that may by used by the attending doctor, or his/her nurse of qualified designate. I also acknowledge full responsibility for the payment of such services and agree to pay for them in full, AT THE TIME OF SERVICE, unless other arrangements are made. You have been offered or received a copy of this office's Notice of Privacy Practices.

Patient's Signature:_____**Date**_____
(Patient, Parent, or agent must be 18 years or older)