

# WELCOME TO OUR OFFICE!

## PATIENT INFORMATION:

Please indicate one: Male  Female

Name: \_\_\_\_\_  
Last First Middle Initial

Local mailing address: \_\_\_\_\_  
Number Street City State Zip

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

E-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SS# \_\_\_\_\_

Employer (Co. name if self employed): \_\_\_\_\_

Employer address: \_\_\_\_\_  
Number Street City State Zip

Marital status: Married  Divorced  Separated  Widowed  Single

## SPOUSE INFORMATION:

Name: \_\_\_\_\_  
Last First Middle Initial

Employer (Co. name if self employed): \_\_\_\_\_ Business telephone: \_\_\_\_\_

**DENTAL INSURANCE:** Yes  No

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Telephone: \_\_\_\_\_ Policy # \_\_\_\_\_

Person to contact in an emergency: \_\_\_\_\_  
Name Telephone

How did you hear about our office? \_\_\_\_\_

Referrals are important to us, whom may we thank for referring you to our office? \_\_\_\_\_

It is important that we know about your medical and dental history. These facts have a direct bearing on your dental health. This information is strictly confidential and will not be released to anyone. Thank you for taking the time to fill out this questionnaire.

Reason for today's visit \_\_\_\_\_

Date of last dental exam \_\_\_\_\_

Any previous major dental treatment? Yes  No

If yes, please explain \_\_\_\_\_

Are you dissatisfied with the appearance of your teeth? Yes  No

**Do you have or do you use any of the following?** (Circle yes or no)

Yes No Teeth sensitive to cold, heat, sweets, or pressure

Yes No Bleeding gums when brushing your teeth

Yes No Food catching between your teeth

Yes No Clenching or grinding of teeth

Yes No Burning of tongue

Yes No Swelling or lumps in mouth

Yes No Frequent blisters on lips or mouth

Yes No Pain around ear

Yes No Unusual sounds in ear while eating

Yes No Bad breath and/or unpleasant taste

Yes No Unfavorable dental experience

**PLEASE COMPLETE REVERSE SIDE**

