

Name: _____ Date: _____

Address: _____

SS#: _____ Date of Birth: _____ Medicare: ___Yes ___ No

Email: _____ Occupation: _____

Please add me to your email list for appointment reminders, health info., and news.

Male: ___ Female: ___ Marital Status: _____ # of Pregnancies _____ Children: _____

Spouse's Name: _____

Person to Contact in Case of Emergency: _____ # _____

How did you hear about us? _____

Do you have any open cases in these categories:

___ Motor Vehicle Accident/Personal Injury ___ Work Comp Injury

Please describe: _____

List the 5 main reasons for your appointment today (in order of importance):

1. _____
2. _____
3. _____
4. _____
5. _____

- Surgeries
- Accidents/Injuries
- Hospitalizations

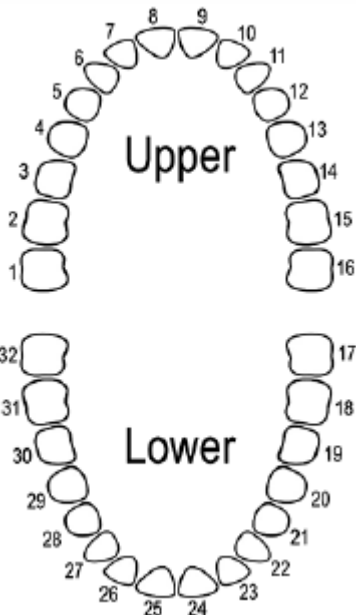
Dates: _____ Descriptions: _____

Medications, Vitamins, Herbs:

Dental History:

Please mark any current or past areas with: cavities, fillings, implants, crowns, root canal, or other dental surgeries.

Any additional information you would like to share:



X –Current Cavity

XX-Filled

IMP-Implant

C-Crown

RC-Root canal

Orthodontics:

___ Current ___ Past