WELCOME

Date: ____________

Full Name: ____
Birth Date: ____________ SSN: ________________________ Gender: M F
Name you wish to be called: __________________________
If child, parents name: ________________________________
If married, Spouse's name: ____________________________

Home Address: ____
City: _______________ State: _____ Zip Code: _______________
Home Phone: ______________ Work: ______________ Cell: ______________
Email Address: ____

How did you hear about our office? ____________________________________
____
Have any members or your family been seen in our office? _______________
____

DENTAL HISTORY

How long since your last dental visit? ____

What is your reason for this visit? ____

Are you aware of any specific dental problems? ___________________________________
____
____

Are you currently in any pain? Y N

Are you happy with your smile? Y N If not, what would you change?
____
____
____
____