



PATIENT INFORMATION FORM

Today's date: _____

CONFIDENTIAL PATIENT INFORMATION

Patient's Name: _____ Nickname: _____ Age: _____

Address: _____

Street City State Zip

DOB: _____ SSN#: _____ Driver's License #: _____

If patient is a minor, give parent's or guardian's names: _____

Home #: _____ Work #: _____ Email Address: _____

Whom may we thank for referring you to our office? _____

CONFIDENTIAL RESPONSIBLE PARTY INFORMATION

Name: _____ Marital Status: _____

Address: _____

Street City State Zip

How long at this address: _____ Home #: _____ Work #: _____

Cell #: _____ Email Address: _____ Driver's License #: _____

SSN#: _____ DOB: _____ Relationship to Patient: _____

Employer: _____ Occupation: _____ # of Yrs Employed: _____

Name of Spouse: _____ Relationship to Patient: _____ DOB: _____

Employer: _____ Occupation: _____ # of Yrs Employed: _____

SSN#: _____ Work #: _____ Cell #: _____

Email Address: _____

DENTAL INFORMATION

Present Dentist: _____

Address: _____

Phone #: _____

Date of Last Cleaning: _____

FOR WOMEN ONLY

Are you taking birth control pills? _____

Are you pregnant? _____ Week # _____

Are you nursing? _____

MEDICAL INFORMATION

Is the patient allergic to anything, ie. medications, latex, etc.. Explain _____

HAS THE PATIENT HAD ANY OF THE FOLLOWING MEDICAL CONDITIONS

Asthma	Y	N	Blood Disorders	Y	N	Cancer	Y	N
Difficulty Breathing	Y	N	Drug/Alcohol abuse	Y	N	Handicap/Disabilities	Y	N
Heart Problems:	Y	N	HIV+/AIDS	Y	N	Kidney/Liver Problems	Y	N
Sinus Problems	Y	N	Sleep Problems (ie., apnea, airway issues, snoring)				Y	N
			If yes, explain _____					
			Any Operations or Hospital Stays				Y	N
			If yes, explain _____					

IF PATIENT IS A CHILD: Does the patient have any oral habits? Y N Explain: _____

Patient Personal Physician: _____ Phone #: _____

In case of any emergencies related to (our office closing, weather related issues, etc...), please give us the best way to contact you, ie. email, work, home or cell #: _____

Signature of Patient/Parent or Guardian

Date