



New Patient Form

Please fill out all the information to the best of your knowledge. All answers will be kept confidential. If you have any questions, please ask us, and we'll be happy to assist you.

Date: / /

Patient #:

Patient Information

Title:	First Name:	Middle Name:	Last Name:	I prefer to be called:
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Sex:	Age:	Date of Birth (mm/dd/yyyy): / /	Marital Status:	Social Security #: - -	Driver's Licence State & #:
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Home Phone: - -	Work Phone: - -	Cell Phone: - -	E-mail Address:
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Home Address:	City:	State:	ZIP Code:
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Employment:	Employer's Name:	Employer's Phone: - -	Occupation:
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Employer's Address:	City:	State:	ZIP Code:
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Student Status:	School Name (if a full-time student):	Grade:
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Best places and times to contact you:	Send appointment reminders via: <div style="display: flex; justify-content: space-around; text-align: center;"> Text Message Email Mail </div>
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Please tell us where you heard about us (check all that apply):

Friend or Relative (name):	Newspaper Ad	Radio Ad	TV Ad
Ad in Mail	Saw our Office	Insurance Company	Our Website
Search Engine (Google, etc.)	Other Website:		
Other:			

Was our website a factor in your decision to visit our practice? Yes No

Name of Spouse (or Parent, if a minor):	Spouse/Parent's Employer:	Spouse/Parent Work Phone: - -	Spouse/Parent Cell Phone: - -
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Other family members treated by us:	Additional Comments:
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Emergency Contact

This should be the nearest relative who does not live with the patient.

Title:	First Name:	Last Name:	Relationship to Patient:	
Home Phone: - -	Work Phone: - -	Cell Phone: - -	E-mail Address:	
Emergency_Contact Address:			City:	State: ZIP Code:

Person Responsible for Account

Title:	First Name:	Middle Name:	Last Name:	Relationship to Patient:
Date of Birth (mm/dd/yyyy): / /	Social Security #: - -	Driver's Licence State & #:	Holder of Dental Insurance for Patient:	
Home Phone: - -	Work Phone: - -	Cell Phone: - -	E-mail Address:	
Billing Address:			City:	State: ZIP Code:
Employment:	Employer's Name:	Employer's Phone: - -	Occupation:	
Employer's Address:			City:	State: ZIP Code: