

# Welcome

## Patient Information

Patient Name: \_\_\_\_\_  
Last First MI

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Gender: M F (Circle)

Family Status: S M D W P (Circle)

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_

Apartment # \_\_\_\_\_

City

State

Zip

Employer: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Occupation: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security: \_\_\_\_\_ Do you have children? Y N How Many \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

### Account Info: (Person Responsible for Account)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip

### Insurance:

Ins. Company: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Group # \_\_\_\_\_ Plan: \_\_\_\_\_ ID# \_\_\_\_\_

Insured Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insured Employer: \_\_\_\_\_ Relation: \_\_\_\_\_

### Referral Info:

Whom may we thank for referring you to our practice? (Circle One) Dental Office Yellow Pages Coupon

Neighborhood Flyer Internet Patient Other Family Friend \_\_\_\_\_

Name

