

Initials _____ Appt Day _____ Time _____

New Patient Information

Patient Name _____ M/F _____ DOB _____

Patient Name _____ M/F _____ DOB _____

Patient Name _____ M/F _____ DOB _____

Patient Name _____ M/F _____ DOB _____

Responsible Party

Name _____ M/F DOB _____

Relationship _____ Social Security# _____

Phone _____ Call/Text _____

Address _____

Forward Health Insurance Private Insurance Cash

Appointment Alerts: text / email / call

Email: _____

Private Insurance Information

Name of Insured _____ DOB _____

Group # _____ ID # or SSN# _____

Insurance Plan Name and Phone # _____

Employer Name _____

Discussed Parental Attendance

Pre-Med:

Health Conditions/Heart Conditions/Recent Surgeries/Past Hospitalizations:

Allergies to Medication:

Current Medications:

Tobacco Use:

Soda:

Discomfort or Concerns:

Referred By Previous Dental Office & Dentist:

Last Dental Cleaning/ Current Radiographs:

Notes: