



WELCOME TO OUR OFFICE

Patient Information

Patient's name _____ Preferred Name _____
Last First Middle
Address _____
Street City Zip
Phone _____ Email _____ Birth date _____ Age _____

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

What concerns you most about your teeth? _____

Responsible Party Information

Name _____ Relationship to Patient _____
Last First Middle
Address _____
Street City Zip
Phone (home) _____ (cell) _____ (work) _____
Employer _____ Occupation _____ No. years employed _____
Birthdate _____ Email _____ Married / Single / Divorced (Please circle one)

Dental Insurance Information

Insured's Name _____ Birth date _____ Group No. _____

Dental Insurance Company _____ Ins. Phone _____ ID or SSN _____

Insured's home address _____

Secondary insurance:

Insured's Name _____ Birth date _____ Group No. _____

Dental Insurance Company _____ Ins. Phone _____ ID or SSN _____

Insured's home address _____



Emergency Information

Name _____ Relationship to Patient _____ Phone _____

Complete address _____
Street City Zip

Please Circle Yes or No to the Following Questions

Have you seen a dentist in the last six months? Yes / No

Do you have cavities or gum problems that need treatment or have been treated? Yes / No

If so, please explain: _____

Have you had any injuries to the teeth, jaws, or head? Yes / No

If so, please explain: _____

Do you see a physician? Yes / No

Do you have a medical, psychiatric, physical or other health condition that required past or ongoing medical doctor visits and/or treatment? Yes / No

If so, please explain: _____

Do you have any history of bleeding problems? Yes / No

If so, please explain: _____

Do you take any prescription or over-the-counter medications? Yes / No

If so, please explain: _____

Do you have any allergies to medication, food, or environmental substances? Yes / No

If so, please explain: _____

Are you pregnant or is there a chance you are pregnant? Yes / No

I certify this information is true and correct to the best of my knowledge. I understand that I am responsible for all financial charges.

Name: _____ Date: _____

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