

Welcome to our office. Your answers are important. Complete information will help us diagnose conditions completely, so that we may provide the safest treatment and most personal attention. **All information is confidential.**

**Personal Information**

Patient Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_  
 Patient Gender: M \_\_\_ F \_\_\_ X \_\_\_ D.O.B. (dd/mm/yy) \_\_\_ / \_\_\_ / \_\_\_ Hospitalization#: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Parent or Guardian (if under 18 years of age): \_\_\_\_\_  
 Name of Spouse: \_\_\_\_\_  
 Address: Apt # \_\_\_\_\_ Street or Box # \_\_\_\_\_ City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Preferred method of contact: Phone  Text  Email   
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 In case of an emergency who can we contact? \_\_\_\_\_ Telephone #: \_\_\_\_\_

Are other family members patients at our office?  Yes  No Names: \_\_\_\_\_  
 How did you hear about our office?  Family comes here  Location  Signs/ billboards  Google  Other; please describe \_\_\_\_\_  
 Friend recommended  Drive By  Website  Facebook \_\_\_\_\_  
 Who can we thank for referring you to our clinic? \_\_\_\_\_  
 How long ago was your last dental cleaning and checkup? (please approximate months or years) \_\_\_\_\_  
 Previous clinic? \_\_\_\_\_

**Insurance Information**

Do you have dental insurance? Yes  No   
 What type of insurance is it? Private Insurance  Social Services  NIHB  Treaty #: \_\_\_\_\_

***Primary Insurance:***

Insurance Name: \_\_\_\_\_  
 Policyholder Name: \_\_\_\_\_  
 Policyholder D.O.B. (dd/mm/yy): \_\_\_ / \_\_\_ / \_\_\_  
 Policyholder relationship to patient: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Policy # \_\_\_\_\_  
 ID/Certificate # \_\_\_\_\_

***Secondary Insurance:***

Insurance Name: \_\_\_\_\_  
 Policyholder Name: \_\_\_\_\_  
 Policyholder D.O.B. (dd/mm/yy): \_\_\_ / \_\_\_ / \_\_\_  
 Policyholder relationship to patient: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Policy # \_\_\_\_\_  
 ID/Certificate # \_\_\_\_\_