

## ABOUT YOU

Patient's Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Preferred Name \_\_\_\_\_  Male  Female  
Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Whom may we thank for referring you? \_\_\_\_\_

## DENTAL INSURANCE

Please show insurance card to receptionist.

Provider name \_\_\_\_\_  
Provider address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Group # \_\_\_\_\_  
Insured's name \_\_\_\_\_ Relation \_\_\_\_\_  
Insured's birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Insured's ID # \_\_\_\_\_  
Insured's employer \_\_\_\_\_ Insured's Phone \_\_\_\_\_

## SECONDARY INSURANCE

Please show insurance card to receptionist.

Provider name \_\_\_\_\_  
Provider address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Group # \_\_\_\_\_  
Insured's name \_\_\_\_\_ Relation \_\_\_\_\_  
Insured's birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Insured's ID # \_\_\_\_\_  
Insured's employer \_\_\_\_\_ Insured's Phone \_\_\_\_\_

## DENTAL HISTORY

Reason for visit \_\_\_\_\_  
\_\_\_\_\_

Are you currently in pain? **N** **Y**... how long? \_\_\_\_\_

Do you or have you ever experienced pain/discomfort in your jaw (TMJ/TMJD)? **N** **Y**

What is the most important thing you would like addressed at your dental visit today?

\_\_\_\_\_  
\_\_\_\_\_