GUMS & SMILES
FAMILY DENTAL

PATIENT INFORMATION

First Name | Last Name | Middle Initial | Preferred Name | Gender

SSN | Driver's Licence ID | Birth Date | Email

Address | City | State | Zip

Primary Phone | Secondary Phone | Previous Dentist | Date of Last Dental Visit

RESPONSIBLE PARTY

First Name | Last Name | Middle Initial | Relationship To Patient | Gender

SSN | Driver's Licence ID | Birth Date | Email

Address | City | State | Zip

Primary Phone | Secondary Phone | Previous Dentist | Date of Last Dental Visit

EMERGENCY CONTACT

First Name | Last Name | Relationship To Patient | Phone Number

PRIMARY INSURANCE INFORMATION

Insured's First Name | Insured's Last Name | Insured's Relationship To Patient | Birth Date | Gender

Address | City | State | Zip

Employer | Employer Phone | Insurance Company | Insurance Company's Phone

Group | Policy | Policy Effective Date

SECONDARY INSURANCE INFORMATION

Insured's First Name | Insured's Last Name | Insured's Relationship To Patient | Birth Date | Gender

Address | City | State | Zip

Employer | Employer Phone | Insurance Company | Insurance Company's Phone

Group | Policy | Policy Effective Date

GUMS & SMILES
FAMILY DENTAL

Patient Name: ______________________ Date: __________

Reason for your visit today: ______________________

Last dental visit place & Date: ______________________

How did you hear about us?

- ☐ Insurance Company
- ☐ Google
- ☐ Facebook
- ☐ Drive/Walk by
- ☐ EDDM/Mailer
- ☐ Staff
- ☐ Patient/Friend/Dentist Referral : ______________________
- ☐ Other ______________________

PATIENT DENTAL HISTORY

	YES	NO
Do you require antibiotics before dental treatment?	☐	☐
Are you currently in pain?	☐	☐
Do your gums bleed?	☐	☐
Have you ever had a serious problem associated with any previous dental work?	☐	☐
Do you now or have you experienced pain in your jaw joint?	☐	☐
Have you ever had periodontal diseases?	☐	☐

How many time a day do you brush? ______________________

Do you floss? How many time a week? ______________________

Types of bristles? Hard ☐ Medium ☐ Soft ☐