

## Patient Demographics (Initial)

Please fill in the following information. Your answers are for our records only and will be kept strictly confidential subject to applicable laws.

### General Information

First name - Patient	Middle name	Last name - Patient
_____	_____	_____
Nickname/Preferred name	Prefix/Honorific	Degree/Suffix
_____	_____	_____
Gender	Patient birth date	
_____	_____	
Preferred language	Email address	Marital status
_____	_____	_____

### Contact Information

Home #  
\_\_\_\_\_

Work #  
\_\_\_\_\_

Mobile #  
\_\_\_\_\_

Patient mailing address  
\_\_\_\_\_

Patient billing address  
\_\_\_\_\_

### Other Information

Emergency contact	Emergency #
_____	_____
Family doctor	Family doctor #
_____	_____
Occupation	
_____	

Patient Demographics (Initial)

Employer

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Employer phone #

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Social Security number

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Driver's license number

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Previous provider

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Previous provider phone

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Non-verbal communication needed with patient

Has your insurance information changed since your last visit?

Dental Information

Are you currently experiencing dental pain or discomfort?

Have you had any periodontal (gum) treatment?

Have you had any problems associated with previous dental treatment?

Do you have any sores or ulcers in your mouth?

Have you ever had orthodontic (braces) treatment?

Do you have any clicking, popping or discomfort in your jaw?

Have you ever had a serious injury to your head, neck or mouth?

Do you grind your teeth?