

WELCOME TO DESERT FAMILY DENTAL

Name: _____ Preferred Name: _____
 Address: _____ Unit#: _____ Birth Date: _____ Age: _____ Sex: _____
 City: _____ State: _____ Zip: _____ Single ___ Married ___ Widowed ___ Other ___
 Home Phone: _____ Social Security #: _____
 Work Phone: _____ Employer: _____
 Cell Phone: _____ Occupation: _____
 E-Mail: _____

How/who referred you to our office? (We would like to thank them!)

Person to notify in case of an emergency: _____ Their Phone: _____
 Relationship: _____

Name of your Primary Dental Insurance

Name of your Secondary Dental Insurance

Policy Holder's Name: _____
 Relationship to Patient: _____
 Insured's Birth Date: _____
 Social Security #: _____
 Insurance ID# (If different from SS#) _____
 Claim Address: _____

Policy Holder's Name: _____
 Relationship to Patient: _____
 Insured's Birth Date: _____
 Insured's SS#: _____
 Insurance ID# (If different from SS#) _____
 Claim Address: _____

Insurance Phone #: _____
 Group #: _____

Insurance Phone #: _____
 Group #: _____

DENTAL HISTORY

REASON FOR TODAY'S VISIT _____	___ CIGARETTE, PIPE, OR CIGAR SMOKING	___ ORTHODONTIC TREATMENT
FORMER DENTIST _____	___ CLICKING OR POPPING IN JAW	___ PAIN AROUND EAR
CITY/STATE _____	___ DRY MOUTH	___ PERIODONTAL TREATMENT
DATE OF LAST DENTAL CARE _____	___ FINGERNAIL BITING	___ SENSITIVITY TO COLD
DATE OF LAST DENTAL XRAYS _____	___ FOOD COLLECTION BETWEEN TEETH	___ SENSITIVITY TO HEAT
PLEASE INDICATE IF YOU HAVE OR HAVE HAD ANY OF THE FOLLOWING:	___ FOREIGN OBJECTS	___ SENSITIVITY TO SWEETS
___ BAD BREATH	___ GRINDING TEETH	___ SENSITIVITY WHEN BITING
___ BLEEDING GUMS	___ GUMS SWOLLEN OR TENDER	___ SORES OR GROWTHS IN MOUTH
___ BLISTERS ON LIPS OR MOUTH	___ JAW PAIN OR TIREDNESS	___ TOBACCO, SMOKELESS / OTHER
___ BURNING SENSATION ON TONGUE	___ LIP OR CHEEK BITING	HOW OFTEN DO YOU BRUSH? _____
___ CHEW ON ONE SIDE OF THE MOUTH	___ LOOSE TEETH OR BROKEN FILLINGS	HOW OFTEN DO YOU FLOSS? _____
	___ MOUTH BREATHING	
	___ MOUTH PAIN WITH BRUSHING	

Are you dissatisfied with your teeth, &/or their appearance?
