

Patient Intake

Today's date: _____ Patient name: _____

Date of Birth: _____ Age: _____ I prefer to be called: _____

Social Security Number: _____ Marital Status: single/ married/ divorced/ widowed

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers:

Home: _____ Work: _____ mobile: _____

Email Address: _____

Spouse Information

Name: _____ Date of Birth: _____

Social Security Number: _____ Employer: _____

Phone Number: _____ Email Address: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone Numbers:

Home _____ Work _____ Mobile _____

Insurance Information check here if you **do not** have dental insurance _____

Insurance Company: _____ Phone Number: _____

Address: _____

Group Number: _____ Member ID Number: _____

Name of Insured: _____ Relationship: _____

Date of Birth: _____ Social Security Number: _____

Insured's Employer: _____