

**PATIENT INTAKE FORM:**

**THIS FORM WILL BE SHREDED IMMEDIATELY AFTER BEING ENTERED INTO A SECURE ELECTRONIC CHART.**

Patient Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

Do you go by a Nickname? \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Preferred Phone Number to be contacted at: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If patient is under 18, are you the PARENT or GUARDIAN ? Circle one please.

Name/Contact of Parent/Guardian: \_\_\_\_\_

Name & Phone Number of Emergency Contact: \_\_\_\_\_

Who is responsible for copayment? \_\_\_\_\_

Do you have Dental Insurance? \_\_\_\_\_

If YES, please have all information ready for intake and benefit ESTIMATE.

Who Referred you here? \_\_\_\_\_

General Dentist: \_\_\_\_\_

Are you EXTEMELY NERVOUS/ANXIOUS about treatment? \_\_\_\_\_

Do you have a LATEX ALLERGY? \_\_\_\_\_

Has a physician or dentist recommend you take antibiotics before dental treatment? \_\_\_\_\_

If YES, did you take your PRE-MED and what did you take? \_\_\_\_\_

Do you have a PaceMaker? \_\_\_\_\_