

Neeley Dental Group

WELCOME!

PATIENT INFORMATION

Date: _____ ** E-Mail: _____
Patient's Name _____ Spouse's Name _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone _____ Cell Phone _____
Birthdate: ____/____/____ Social Security Number: _____ - _____ - _____
Employer: _____ Occupation: _____ Male / Female
Height: _____ Weight: _____ Single: _____ Married: _____
If Patient is a minor, parent or legal guardian's name: _____
Whom may we thank for referring you to our office? _____

RESPONSIBLE PARTY

Name of person responsible for this account: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone _____ Cell Phone _____
Birthdate: _____ Social Security #: _____ Relationship to Patient _____

DENTAL INSURANCE INFORMATION

Insured's Name: _____ Insurance Co.: _____
Insured's Social Security #: _____ Date of Birth: _____
Insurance Co. Phone #: _____ Insurance Co. Address: _____
Insured's Employer: _____ Group No. _____ I.D. #: _____
We Do Not File Dual Coverage Insurances.

EMERGENCY INFORMATION

Local Friend or Closest Relative Not living with you: _____
Complete Address: _____
Home Phone: _____ Other Number: _____

DENTAL HISTORY

Reason for visit: _____ Date of last dental visit? _____
Date of last x-rays taken? _____
How often do you brush your teeth? _____ Do you have frequent headaches/earaches? _____
Do your gums bleed while brushing / flossing? _____
Gum treatment (Perio)? _____ Do you grind or clench your teeth? _____
Are you sensitive to hot, cold, sweets/liquids? _____ Have head, neck or jaw injuries? _____
Do you have any sores or lumps in or near your mouth? _____
Have you noticed any loosening of your teeth? _____
Does food get caught between your teeth? _____
Have you had: Orthodontic treatment (braces)? _____ Oral surgery? _____
Have you ever taken Premeds for any dental treatments? _____
Do you have discolored teeth that bother you? _____
Have you ever had an upsetting experience in a dental office? _____

Updates Initials Date Update Address Changes

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____