

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

