Premier Dental Group
where beautiful smiles come to life

# NEW PATIENT INFORMATION

TODAYS DATE_____

PATIENTS NAME_____ EMAIL ADDRESS_____
Home address_____ City_____ Zip_____ Tel#_____
Social Security #_____ DOB_____ Age_____
Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed Cell No._____
Occupation_____ Employer Name_____
Business Address_____ City_____ Zip_____ Bus. Tel._____
Spouse's Name_____ Social Security#_____ DOB_____
Spouse's Occupation_____ Spouse's Employer_____ Bus. Tel._____
**PERSON TO CONTACT IN EMERGENCY**_____
Relationship_____
Res. Phone( )_____ Bus phone ( )_____
**PARTY RESPONSIBLE FOR PAYMENT OF ACCOUNT**_____
Res. Phone( )_____ Bus. Phone( )_____

**IF YOU HAVE DENTAL INSURANCE, PLEASE COMPLETE THE FOLLOWING :**

| | **PRIMARY CARRIER** | **SECONDARY CARRIER** |
|---|---|---|
| Insurance Co. Name | _____ | _____ |
| Policy # | _____ | _____ |

Whom may we thank for referring you?_____
Reason for this visit?_____

**DENTAL HISTORY**

Your dentist_____ City_____ How Long?_____
Date of last visit_____ Date of last dental cleaning_____ Last full mouth xrays _____

Check any of the following you have had or currently have:

☐ Mouth Discomfort
☐ Previous Periodontal Treatment
☐ Trenchmouth or Pyorrhea
☐ Gum Abscesses
☐ Gums bleed when brushing
☐ Loose or shifting teeth
☐ Trouble in chewing or speaking
☐ Bruise Easily
☐ Grind or Clench your teeth
☐ Clicking or popping or pain in joints
☐ Orthodontic Treatment
☐ Sensitive teeth (heat, cold )
☐ Awake with sore jaws
☐ Mouth odor or bad taste
☐ Cold Sores or fever blisters
☐ Other Oral Lesions
☐ Had Immediate Relatives Lose all of their natural teeth
☐ Bad dental experience
☐ Complications with the following
☐ Previous dental or oral surgical treatment
☐ Fear of dental treatment

How important is it to keep your teeth?_____
_____

I understand that I am financially responsible for all the charges on account. We file your insurance claims as a courtesy to our patients. Knowledge of your insurance coverage and policies are the patient's responsibility.

_____
Authorized Signature