



Registration Form

Please fill out accurately and completely. The confidential information requested is important for your treatment and dental insurance claims.

Patient Information

Preferred Name: _____ Date of Birth: _____

Pronouns (e.g., she/her, he/him, they/them): _____

Legal Name (as listed on dental insurance): _____ Legal Sex: _____

Home Address: _____
street address city state zip code apt# (if applicable)

Mailing Address: _____
street address city state zip code apt# (if applicable)

E-mail Address: _____

Phone: Home: _____ Cell: _____ Work: _____

Social Security Number: _____

Dental Insurance: _____ ID#: _____

Subscriber Name: _____ Date of Birth: _____

Subscriber's Employer Name (if insurance provided through employer): _____

Secondary Dental Insurance: _____ ID#: _____

Subscriber Name: _____ Date of Birth: _____

Subscriber's Employer Name (if insurance provided through employer): _____

How were you referred to our office? _____

Emergency Contact Information

Name: _____ Date of Birth: _____

Employer Name: _____

Phone: Home: _____ Cell: _____ Work: _____

Other Info: _____



New Patient Questionnaire

Patient Name: _____

Date: _____

Our practice is committed to providing each of our patients with highly individualized care consistent with their specific needs, wants, and values. By answering the following questions candidly, you will help us to better understand your dental concerns and expectations. Your answers are for our records only and will remain confidential.

1). Does dental treatment make you nervous? No slightly Moderately Extremely

2). Have you ever had any serious trouble associated with previous dentistry? Yes No

3). How often do you use the following?

Toothbrush (manual or electric) _____

Dental Floss _____

Other oral hygiene device _____

4). Do you have or have you ever had any of the following?

| | | | |
|-----------------------|--------|-------------|--------|
| Orthodontic treatment | Yes No | Loose Teeth | Yes No |
|-----------------------|--------|-------------|--------|

| | | | |
|----------------------|--------|--------------------------------------|--------|
| Clicking/popping jaw | Yes No | Teeth sensitive to hot, cold, sweets | Yes No |
|----------------------|--------|--------------------------------------|--------|

| | | | |
|--------------------------------|--------|----------------------------|--------|
| Difficulty opening/closing jaw | Yes No | Teeth sensitive to chewing | Yes No |
|--------------------------------|--------|----------------------------|--------|

| | | | |
|-----------------------|--------|-----------------------|--------|
| Clenching or grinding | Yes No | Bleeding or sore gums | Yes No |
|-----------------------|--------|-----------------------|--------|

| | | | |
|----------------------------|--------|--------------------------------|--------|
| Shifting or change in bite | Yes No | Unpleasant taste or bad breath | Yes No |
|----------------------------|--------|--------------------------------|--------|

5). With regards to your sleep habits, do you or have you.....

| | |
|-------------------------------|--------|
| Feel rested when you wake up? | Yes No |
|-------------------------------|--------|

| | |
|--|--------|
| Been told that you snore when you sleep? | Yes No |
|--|--------|

| | |
|--|--------|
| Have difficulty falling or staying asleep? | Yes No |
|--|--------|

6). The following best describes my attitude toward dental health?

I have always done what was recommended for my dental health.

I have not always done what dentist have recommended to me.

I rarely go to the dentist, not much interest in dental work.

7). Should I need treatment, my desire would be best described as:

Wanting the best restorations possible that will be the most conservative and give the longest life.

Wanting the least expensive restoration that will get me by for now.

8). Do you like the color of your teeth? Yes No

9). Do you consider your existing fillings or dental work unattractive? Yes No

10). What would you like to change most in the appearance of your teeth or your smile?

11). What are some questions about dentistry and your oral health that you have never had adequately answered?



What You Need to Know About Your Insurance

If you have dental needs beyond healthy cleanings, your care will require an investment beyond what your insurance covers.

Your insurance will assist you very well in the maintenance of your dental health, but it was never designed to restore health when significant breakdown or disease is present in your mouth. Unlike medical and other types of insurance, dental insurance does not typically protect against extraordinary and significant needs. The procedures best covered by most dental policies are not only predictable, but expected, such as routine exams, x-rays, healthy cleanings, etc.

Another common misconception is that dental insurance covers what you need, because it implies that if it isn't covered you don't need it. This is not the case for most individuals.

Your dental insurance is a contract between you and/or your employer and a dental insurance company. We strongly recommend for you to reach out to your insurance provider with any questions about your coverage.

Patient or Guarantor's Signature _____ Date _____