

# Scott Parker

HARMONY • BALANCE • BEAUTY

Patient Name: \_\_\_\_\_ Do you have a nick-name that you prefer?: \_\_\_\_\_  
(Last) (First) (Middle)

Patient's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Social Security No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt.) (City) (State) (Zip)

## **Responsible Party** (If different from patient)

Person Responsible for Account: \_\_\_\_\_

Address (If different from patient): \_\_\_\_\_

<u>Primary Insurance</u>	<u>Secondary Insurance</u>
Subscriber Name: _____	Subscriber Name: _____
Subscriber ID No: _____	Subscriber ID No: _____
Subscriber Birthday: _____	Subscriber Birthday: _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Employer Address: _____	Employer Address: _____
_____	_____
Insurance Co. _____	Insurance Co. _____
Insurance Address: _____	Insurance Address: _____
_____	_____
Insurance Phone: _____	Insurance Phone: _____
Group Number: _____	Group Number: _____

## **Emergency Information:**

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

Physician Phone: \_\_\_\_\_

Former Dentist: \_\_\_\_\_ Address: \_\_\_\_\_

Dentist Phone: \_\_\_\_\_

Contact in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Reason for Visit:**

What are your dental concerns today? Cleaning & Exam \_\_\_ Pain \_\_\_ Appearance \_\_\_ Other \_\_\_

If you could change anything about the appearance of your teeth, what would it be? \_\_\_\_\_

What dental problems are you having now? \_\_\_\_\_

When was your last dental appointment? \_\_\_\_\_ Was treatment completed? \_\_\_\_\_

Who may we thank for referring you to our office? \_\_\_\_\_

*I authorize release of any information for the purpose of communicating my condition to a healthcare specialist that will assist in my care or to my insurance company to facilitate processing of a claim.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_