



**New Patient Information**

**For:** \_\_\_\_\_  
(Patient first and last name)

**Preferred Name:** \_\_\_\_\_

**How did you hear about our practice?** \_\_\_\_\_

Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ School: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_  
Referred by: \_\_\_\_\_  
General Dentist: \_\_\_\_\_ Date of Last visit to Dentist: \_\_\_\_\_  
Hobbies: \_\_\_\_\_

**Primary Responsible Party Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Referred by: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Step Parent \_\_\_\_\_ Self \_\_\_\_\_ Other  
**Insurance Company:** \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Policy #: \_\_\_\_\_  
**Employer:** \_\_\_\_\_ Address: \_\_\_\_\_

**Secondary Responsible Party Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Referred by: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Step Parent \_\_\_\_\_ Self \_\_\_\_\_ Other  
**Insurance Company:** \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Policy #: \_\_\_\_\_  
**Employer:** \_\_\_\_\_ Address: \_\_\_\_\_