

# Welcome to Pueblo Dental Center

## Patient Registration/Health History Form

### Patient Information

Name \_\_\_\_\_  
Last First Middle

Sex: M F Marital Status: S M D W Social Security: \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Phone# \_\_\_\_\_ School \_\_\_\_\_  
Full Time  
Part Time

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Who may we thank for your visit?  Phone book  Coupon  Noticed our office as you drove by  Website  
 Pueblo Dental Center on Valencia/Silverbell  Friend If so, their name \_\_\_\_\_

### Insurance Information

Insurance Company \_\_\_\_\_

SUBSCRIBERS Name \_\_\_\_\_

ID number \_\_\_\_\_

Relationship to patient \_\_\_\_\_

SUBSCRIBERS Employer \_\_\_\_\_ Phone # \_\_\_\_\_

### Account Information

Person ultimately responsible for account, if not patient:

Name \_\_\_\_\_  
Last First Middle

Relationship to patient \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Billing Address \_\_\_\_\_  
Street City State Zip

### Dental Information

Reason for today's visit:  Exam  Emergency

Are having pain or discomfort?  yes  no For how long? \_\_\_\_\_

Have you ever been instructed to take any medications or take ANY special precautions before any dental appointments?  yes  no If yes, explain: \_\_\_\_\_

### HIPAA

Is there anyone that you would like your dental information released to or shared with? (Parent, Spouse, etc)

\_\_\_\_\_  
Name Relationship