

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 _____

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

DOB