



PATIENT REGISTRATION

Patient's Name _____ Sex: M F Birth Date _____ Today's Date _____
Home Address _____ City _____ State _____ Zip _____
Please circle one: Single Married Divorced Widowed Home Phone _____
Employer _____ How long _____ Work Phone _____ SS# _____
Cell phone _____ E-mail _____
What is the best way to confirm your appointments: ☐ Phone ☐ E-mail
Spouse's Name (Parent if _____
Spouse's Birth Date _____ Spouse's SS# _____
Who may we thank for referring you? _____
Emergency contact – name, address and telephone number of a relative not living with you:

DENTAL INSURANCE INFORMATION (Primary carrier)

Insured's Name _____ Insured's Birth Date _____ Insured's SS# _____
Insured's Employer _____
Insurance Company _____ Group# _____ Insurance Company Phone _____

DENTAL HISTORY

How long since you have seen a dentist? _____
Last complete dental exam date: _____
Last full mouth x-ray date: _____
Are you having problems now? Y N What? _____
Are you APPREHENSIVE about dental treatment? Y N
Have you had PERIODONTAL (gum) treatments? Y N
Do your gums BLEED or feel TENDER or IRRITATED? Y N
Are your teeth SENSITIVE to hot, cold, sweets or pressure? Y N
Are you UNHAPPY with the APPEARANCE of your teeth? Y N
Are you aware of GRINDING or CLENCHING your teeth? Y N
Do you have HEADACHES, EARACHES, or NECK PAIN? Y N
Do you have LOOSE or SHIFTING teeth? Y N
Previous Dentist _____ City _____ State _____ Phone _____
Patient Signature _____ Date _____

The above signed hereby authorizes Drs McLaughlin, Patel, and Peterman to take x-rays, study models, photographs or any other diagnostic aids deemed appropriate. I also authorize Drs McLaughlin, Patel, and Peterman to perform any and all forms of treatment, medication and therapy. I also understand that responsibility for payment for dental services provided in this office for myself or my dependents is mine, due and payable at the time service is rendered unless financial arrangements have been made. I also assign all insurance benefits to the doctor. In the event the balance of this account is turned over for collection the above signed will be responsible for collection cost and reasonable attorney's fees.