

Welcome to Crescent Lake Family Dentistry!

In keeping with our philosophy of excellence in dentistry, it is important that you provide us with an accurate, legible dental and medical history. Thank you for your cooperation.

PERSONAL

Name Dr Mrs Ms Mr _____
 Preferred Name _____ Birthdate ____ / ____ / ____
 Address _____ Apt # _____
 City _____ State _____ Zip Code _____ - ____
 Home Phone _____ Cell Phone _____
 E-Mail Address _____
 Social Security # _____
 Name of Spouse Parent Caretaker _____ Phone _____
 Emergency Contact Name _____ Phone _____
 Whom may we thank for referring you? _____

EMPLOYMENT

Employer _____ Occupation _____
 Business Address _____ Phone _____

INSURANCE

Do you have dental insurance? YES NO (If yes, complete lines 1 - 7 below)

1. Insurance Company _____ Group # _____
2. Ins. Co. Address _____ Zip Code _____ - ____
3. Insurance Customer Service Phone # for Providers _____
4. Policy Holder (if other than self) _____ Birthdate ____ / ____ / ____
5. Policy Holder Employer _____ Phone _____
6. Member/Subscriber ID # _____ SS # _____
7. Your relationship to policy holder Spouse Dependant/Child

DENTAL HISTORY

Why are you here today? _____
 Date of last dental visit _____ Any x-rays taken in the last 3 years? YES NO
 Do you/did you have braces? YES NO If yes, how long ago and for how many years? _____
 How often do you have cleanings? 3-4 Months 6 months yearly other _____
 Have you had deep cleaning? (Cleaning below the gum line) YES NO If yes, how long ago? _____
 Have you had orthognathic (jaw) surgery? YES NO Reason _____
 Do you clinch or grind your teeth? YES NO If yes, do you wear a bite guard? YES NO
 Are you happy with your smile? YES NO If no, why? _____

Are you interested in: cosmetic dentistry? braces? whitening?
 Past or present history of: smoking chewing tobacco sugar-based drinks
 Have you ever had a bad experience at a dental office? YES NO If yes, please explain _____