WELCOME TO SOUTH POINT FAMILY DENTISTRY

Date _____

PATIENT INFORMATION

Patient's Legal Name _____ Preferred Name _____ Age _____
Address _____ City _____ State _____ Zip _____
Cell Phone _____ Home _____ Work _____
Best contact number _____ Email _____
Date of Birth _____ Male ☐ Female ☐ Social Security No _____
Name of employer _____ Occupation _____
Whom may we thank for referring you? _____ ☐ Internet ☐ Drive By ☐ Mailer

RESPONSIBLE PARTY

Person responsible for account _____ Relationship to you _____
Address _____ City _____ State _____ Zip _____
Phone No _____ Date of Birth _____ Social Security No _____
Employer _____ Occupation _____

INSURANCE INFORMATION

Policy Holder's Name _____ Relationship to you _____
Date of Birth _____ Social Security No _____
Employer _____ Occupation _____
Insurance Provider _____ ID # _____ Group # _____

DENTAL HISTORY

Who was your previous dentist? _____ Date of last cleaning _____
Reason for leaving previous dentist _____
Reason for today's visit _____

MEDICAL HISTORY

Who is your personal physician _____ Phone number _____
Are you now being treated by a physician and if so, for what? _____
Are you now taking any medication and if so, what? _____
_____
In case of emergency who should be notified? _____ Phone _____
Emergency contact's address _____
Are you allergic to: ☐ Penicillin ☐ Codeine ☐ Aspirin ☐ Latex ☐ Other _____

☐ Acid Reflux	☐ Heart attack	☐ Liver disease	☐ Sinus problems
☐ Anemia	☐ Heart disease	☐ Mitral valve prolapse	☐ Stents
☐ Asthma	☐ Hepatitis	☐ Osteoporosis	☐ Stroke
☐ Blood thinner	☐ High blood pressure	☐ Pacemaker	☐ Thyroid disorder
☐ Chest pain	☐ HIV / AIDS	☐ Current Pregnancy Due Date:_____	☐ Tuberculosis
☐ Diabetes	☐ Joint replacement: Hip, knee, shoulder	☐ Rheumatic Fever	☐ Ulcers / Cold sores
☐ Epilepsy	☐ Kidney disease	☐ Shortness of breath	
☐ Excessive bleeding			

☐ Other _____

Preferred Pharmacy _____ Phone _____