

# New Patient Information Sheet

Date: \_\_\_\_\_

Welcome to our practice! How did you find out about our practice? We would like to thank them: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

How long has it been since your last dental visit? \_\_\_\_\_

Name and phone number of last dentist: \_\_\_\_\_

Are you having any problems at this time? \_\_\_\_\_

Do you have a preference of Dr. Dollar or Dr Hein? \_\_\_\_\_

Will you be needing our assistance with any insurance coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

Policy Holder \_\_\_\_\_

SS # \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Insurance Company Phone # \_\_\_\_\_

Contract ID# \_\_\_\_\_ Group or Policy # \_\_\_\_\_