

Confidential Information Questionnaire

| | | | | | | |
|--|---------------------------------|-------|--------------|---|-------------------|------------|
| Patient's Legal Name | Last | First | MI | Date of Birth | Sex | SSN |
| Home Phone # | Cell Phone # | | Work Phone # | | Best time to call | |
| Patient's Address | Street | Apt # | City | State | Zip/Postal Code | Email |
| Marital Status | Patient's / Guardian's Employer | | | Occupation | | |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Minor | | | | | | |
| Work Address | Street | City | | State | Zip/Postal Code | |
| Insurance Policy Holder Name | Last | First | MI | Policy Holder Employer | | Occupation |
| Mark if same as patient <input type="checkbox"/> | | | | | | |
| Policy Holder's Work Address | Street | City | State | Zip/Postal Code | Work Phone # | |
| Other Family Members That Are Patients Here | | | | Who Can We Thank For Referring You To Our Office? | | |

Emergency Contact Information

| Person We May Contact In Case Of An Emergency (Other Than Your Family Home) | | |
|---|--------------|--------------|
| Name | Relationship | |
| Home Phone # | Work Phone # | Cell Phone # |

Request For Confidential Communication

| As My Dental Care Provider, You May Do The Following With My Permission | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| Contact me at home | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact me via cell phone | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact me at work | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact me via email | <input type="checkbox"/> | <input type="checkbox"/> |
| Leave messages on my home voicemail / answering machine | <input type="checkbox"/> | <input type="checkbox"/> |
| Leave messages on my cell phone voicemail | <input type="checkbox"/> | <input type="checkbox"/> |
| Leave messages on my work voicemail / answering machine | <input type="checkbox"/> | <input type="checkbox"/> |