PATIENT INFORMATION QUESTIONNAIRE

Patient Information

Patient Name: ______ Last ______ First ______ MI ______ (Preferred Name) Date: ______

Gender(M/F): ______ Marital Status: ______ Birth Date: ______ Social Security #: ______

Driver's License #: ______ E-Mail Address: ______

Address: ______ Street ______ Apartment #

______ City ______ State ______ Zip Code

Phone #'s: Home ______ Work ______ Ext ______ Best time to call: ______

FAX ______ Pager ______ Other ______

Referral Information

Name of person, office or other source referring you to our practice:

______

Who Is Responsible For This Account?

Name: ______ Last ______ First ______ MI ______ (Preferred Name) Date: ______

Gender(M/F): ______ Marital Status: ______ Birth Date: ______ Social Security #: ______

Driver's License #: ______ E-Mail Address: ______

Address: ______ Street ______ Apartment #

______ City ______ State ______ Zip Code

Phone #'s: Home ______ Work ______ Ext ______ Best time to call: ______

FAX ______ Pager ______ Other ______

Employment Information

The following is for: ☐ the patient ☐ the person responsible for payment

Employer Name: ______

Address: ______ Street ______ City ______ State ______ Zip Code ______ Phone

Dental Insurance Information

Primary

Name of Insured: ______ Last ______ First ______ MI

Insured's Birth Date: ______ ID #: ______ Group #: ______

Insured's Address: ______ Street ______ City ______ State ______ Zip Code

Insured's Employer Name: ______

Address: ______ Street ______ City ______ State ______ Zip Code

Patient's relationship to insured: ☐ Self ☐ Spouse ☐ Child ☐ Other

Insurance Plan Name and Address: ______

______

Secondary

Name of Insured: ______ Last ______ First ______ MI

Insured's Birth Date: ______ ID #: ______ Group #: ______

Insured's Address: ______ Street ______ City ______ State ______ Zip Code

Insured's Employer Name: ______

Address: ______ Street ______ City ______ State ______ Zip Code

Patient's relationship to insured: ☐ Self ☐ Spouse ☐ Child ☐ Other

Insurance Plan Name and Address: ______

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