



Thomson Family Dental

Welcome

***Thank you for choosing our office for your dental needs.
We appreciate your confidence in our staff and we pledge to provide
you and your family with the best dental care possible.***

Patient's Full Name: _____ Home Phone #: _____

Home Address: _____ Work Phone #: _____

City: _____ State: _____ Zip: _____ Cell Phone #: _____

Birthdate: _____ Sex: Male Female Social Security #: _____

Employer: _____ Occupation: _____

Name of Spouse: _____ Spouse Birthdate: _____

Spouse Employer: _____ Spouse Social Security #: _____

Person Responsible for Account: _____ Home Phone #: _____

Billing Address: _____ Work Phone #: _____

City: _____ State: _____ Zip: _____ Relationship to Patient: _____

Social Security #: _____ Employer: _____

Whom may we thank for referring you? _____

Primary Dental Insurance

Insurance Co. Name: _____ Insured's Name: _____

Employer: _____ Relationship: _____

Insured's Birthdate: _____ Insured's Social Security #: _____

Secondary Dental Insurance

Insurance Co. Name: _____ Insured's Name: _____

Employer: _____ Relationship: _____

Insured's Birthdate: _____ Insured's Social Security #: _____

Dental History

Reason for visit today? _____

Are you in pain? Yes No

Have you had any difficulties with previous dental treatment? _____

Explain: _____

Do you like your smile? Yes No

Do your gums ever bleed? Yes No

Are you concerned about bad breath? Yes No



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Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received a copy of the office's Notice
of Privacy Practices.

Please Print Name

Signature

Date

Please list any person(s) name that you permit to receive information about your care:

