Person taking intake form_____ **Date** _____

Patient Intake Form for scheduling ***(must complete form entirely or call and follow up if patient could not provide information at this time, then call, email or bring in the information with them at time of appointment)***

Get medical and dental insurance information: (many surgical services like wisdom teeth ext. can be billed to medical services that saves funds from dental insurance to cover specific dental services. Many insurance hence want us to bill medical before paying on dental side like some of Metlife, Cigna, BCBS)

PT Name:_____ **Gender:** Male Female **Birth Date:**_____

GENERAL/INSURANCE:

Phone #:_____ **Address:**_____

Referral Source:_____ **Pt Email:**_____

Insurance Company:_____

Subscriber Name and DOB :_____/_____ **Gender:** Male Female

Relationship: Self Parent Spouse Child Other **ID/SSN:**_____

Group #:_____ **Employer:**_____

Does PT have a Secondary Insurance? Yes No

Insurance Company:_____

Subscriber's Name and DOB _____/_____ **Gender:** Male Female

Relationship: Self Parent Spouse Child Other **ID/SSN:**_____

Group #:_____ **Employer:**_____

PT Name:_____ **Gender:** Male Female **Birth Date:**_____

Medical Insurance :

Insurance Company:_____

Subscriber Name and DOB :_____/_____ **Gender:** Male Female

Relationship: Self Parent Spouse Child Other **ID/SSN:**_____

Group #:_____ **Employer:**_____

CLINICAL

Have you been seen by another dental office within the last year? Yes No

Name of other office: _____ **Phone #:**_____

How long ago was your last cleaning? 3 months 6 months 6-12 months 12+ months

What type of cleaning was it? Prophy Perio Maint. SRP

How long ago were your last x rays taken? 3 months 6 months 6-12 months 12 months