



(831) 422-7838

www.salinasdental.com

All information is considered confidential, nothing will be released without your permission.

ABOUT YOU

Today's Date: _____ E-mail Address: _____

Name: _____ I prefer to be called: _____

Male Female

Birthdate: _____ Age: _____ Social Security #: _____

Single Married Divorced Widowed Separated

Home Address: _____

Home Phone #: _____ Cell #: _____

Work Phone #: _____ Fax #: _____

Where & when are the best times to reach you? _____

Whom may we thank for referring you? _____

Other family members seen by us: _____

Employer: _____ How long there? _____

Occupation: _____

Employer's Address: _____

NEIGHBOR OR RELATIVE NOT LIVING WITH YOU IN CASE OF EMERGENCY

Name: _____ Relation: _____

Work phone #: _____ Home phone #: _____

Address: _____

SPOUSE INFORMATION

Name: _____

Work phone #: _____ Home phone #: _____

Cell phone #: _____

Address: _____

INSURANCE INFORMATION

Primary Insurance

Insurance Co. Name: _____ Phone #: _____

Plan #: _____

Insurance Co. Address: _____

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

Insured's Birthdate: _____

Relation: _____ Insured's Employer: _____

Employer's Address: _____

Secondary Insurance

Insurance Co. Name: _____ Phone #: _____

Plan #: _____

Insurance Co. Address: _____

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

Insured's Birthdate: _____

Relation: _____ Insured's Employer: _____

Employer's Address: _____

PLEASE CONTACT ME VIA

	<u>Yes</u>	<u>No</u>
Home:	<input type="radio"/>	<input type="radio"/>
Cell Phone:	<input type="radio"/>	<input type="radio"/>
Work:	<input type="radio"/>	<input type="radio"/>
Email:	<input type="radio"/>	<input type="radio"/>
Message on my home voicemail:	<input type="radio"/>	<input type="radio"/>
Message on my cell phone voicemail:	<input type="radio"/>	<input type="radio"/>
Message on my work voicemail:	<input type="radio"/>	<input type="radio"/>

DEAR BLANCO CIRCLE DENTAL CARE, PLEASE HANDLE ME WITH CARE

- I gag easily.
- I feel out of control when I'm lying in the dental chair
- I have not been to the dentist for a long time, and I feel uncomfortable about what you will say about my teeth and my dental hygiene.
- Pain relief is a top priority for me.
- I don't like shots (or I've had a bad reaction to shots).
- Please tell me what I need to know about my mouth in order to make an informed decision.
- My teeth are very sensitive
- I don't like the sound of that tool that makes the picking and scraping noise. It's like someone is scratching fingernails on a blackboard.
- I don't like cotton in my mouth.
- I hate the noise of the drill.
- Please respect my time. I don't want to be left sitting in the reception area.
- I have difficulty listening and remember what I hear while sitting in a dental chair.
- I have health problems and questions we need to discuss.

OUR HANDLE ME WITH CARE PACT

I ask that you honestly inform me of all my dental problems. I want you to make me aware of the best quality dentistry available today. Then we can discuss how I can make healthy choices that will work within my budget. I also want to know all the pain relief options available to me in your dental office, how each dental procedure will work, and how much of my time will be required.

Signature: _____