Atkinson Dental

130 Court Street South
Vale, Oregon 97918
541-473-9166 Fax 541-473-9344

PATIENT INFORMATION

NAME_____ SEX: M F

ADDRESS_____CITY_____ STATE_____ ZIP_____

BIRTHDATE_____ AGE_____ MARITAL STAUS: M / S / W / D SOCIAL SECUIRTY # _____-_____-_____

DRIVERS LISCENSE #_____ HM #_____ WK #_____ CELL # _____

EMAIL_____ PREFERED METHOD OF CONTACT _____TEXT _____ EMAIL _____ CALL

EMPLOYER_____ JOB TITLE_____ SUPERVISOR_____

ADDRESS_____ CITY_____ STATE_____ ZIP_____

SPOUSE'S NAME_____ EMPLOYER _____DOB ___/___/____ S.S.# _____-_____-_____

CONTACT PERSON IN CASE OF EMERGENCY (NOT LIVING IN YOUR HOUSEHOLD)

NAME_____ RELATIONSHIP_____ HM #_____ WK # _____

PRIMARY INSURANCE INFORMATION

POLICY HOLDER_____ SELF / SPOUSE / PARENT SOCIAL SECUIRTY # _____-_____-_____

BIRTHDATE_____/_____/_____ EMPLOYER_____ JOB TITLE_____

ADDRESS_____CITY_____ STATE_____ ZIP_____

INS COMPANY NAME_____ POLICY / ID#_____

ADDRESS_____ CITY_____ STATE_____ ZIP_____

INS COMPANY PHONE # _____

SECONDARY INSURANCE INFORMATION

POLICY HOLDER_____ SELF / SPOUSE / PARENT SOCIAL SECUIRTY # _____-_____-_____

BIRTHDATE_____/_____/_____ EMPLOYER_____ JOB TITLE_____

ADDRESS_____CITY_____ STATE_____ ZIP_____

INS COMPANY NAME_____ POLICY / ID#_____

ADDRESS_____ CITY_____ STATE_____ ZIP_____

INS COMPANY PHONE # _____

REASON FOR TODAYS VISIT _____

FORMER DENTIST_____ CITY/STATE_____ DATE OF LAST VISIT_____DATE OF LAST XRAYS_____

[ ]BLEEDING GUMS	[ ]BLISTERS ON LIPS OR MOUTH	[ ]CLICKING OR POPPING JAW	[ ]DRY MOUTH
[ ]FINGERNAIL BITING	[ ] GRINDING TEETH	[ ]SENSITIVITY WHEN BITING	[ ]SENSITIVITY TO SWEETS
[ ] JAW PAIN/TIREDNESS	[ ]MOUTH PAIN	[ ]PERIODONTAL TREATMENT	[ ]SENSITIVITY TO COLD
[ ]SENSITIVITY TO HEAT	[ ]SWOLLEN/ TENDER GUMS	[ ]BAD BREATH	[ ] LIP/CHEEK/ MOUTH BITING
[ ]LOOSE TEETH OR BROKEN/LOST FILLINGS		[ ]SORES OR GROWTHS IN YOUR MOUTH	[ ]FOOD COLLECTION BETWEEN TEETH

HOW OFTEN DO YOU FLOSS?_____ HOW OFTEN DO YOU BRUSH? _____

WHOM MAY WE THANK FOR REFERRING YOU?_____

PLEASE REFER TO OUR OFFICE! FOR REFFERING NEW CLIENTS YOU RECEIVE $25 CREDIT TO YOUR ACCOUNT!