

# Jeff Davis Dental

Today's Date: \_\_\_\_\_  
Your name: \_\_\_\_\_ I like to be called: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Street Address: \_\_\_\_\_  
\_\_\_\_\_  
City & Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Marital Status: Single Married Divorced Widowed Sex: Male Female  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_

Please Provide Information About the Dental Insurance Policy Holder's Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Home Street Address: (if different): \_\_\_\_\_  
\_\_\_\_\_  
City & Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Marital Status: Single Married Divorced Widowed  
Home Phone: \_\_\_\_\_  
Insurance Co: \_\_\_\_\_  
Member ID#: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Check the following in which you would like to participate:  
 Request Appointments via Email  
 Confirm Appointments via Email  
 Receive Text Message Appointment Reminders  
 Submit Patient Satisfaction Surveys  
 Refer your Friends Online  
Work Phone: \_\_\_\_\_  
Sex: Male Female  
Cell Phone: \_\_\_\_\_  
Group #: \_\_\_\_\_

## Dental History

What is the reason for your visit today? \_\_\_\_\_  
Why did you leave your last dentist? \_\_\_\_\_  
Date of your last dental visit: \_\_\_\_\_ Date of your last dental x-rays: \_\_\_\_\_  
What did you like *most* about any dental office you have ever visited? \_\_\_\_\_  
\_\_\_\_\_  
What did you like *least* about any dental office you have ever visited? \_\_\_\_\_  
\_\_\_\_\_  
How would you describe the condition of your teeth and gums? Good Fair Poor  
If you could change anything about the appearance of your smile, what would you like to do? \_\_\_\_\_  
\_\_\_\_\_  
What do you consider to be the most important factor in making sure that your dental experience is a positive one?  
\_\_\_\_\_  
If you could easily and safely whiten your teeth, would you be interested? Yes No  
Do your gums bleed when you brush or floss? Yes No  
Have you ever had a problem with your jaw joint (your TMJ's)? Yes No  
Are you interested in straightening your teeth (traditional or invisible)? Yes No