

MOSES LAKE FAMILY DENTISTRY

Craig R. Harder, D.D.S.

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Moses Lake, WA 98837
(509) 765-4351

PATIENT INFORMATION

Patient's Name: _____ Birth Date: ____/____/____

Address: _____ City/State/Zip: _____

Home Phone: () _____ Work Phone: () _____ S.S.#: _____

Employer/School Name: _____

Marital Status (*circle one*): Single Married Divorced Widowed Child

Whom may we thank for referring you to our office?: _____

Please list any family members that are currently patients at our office: _____

Name, address and phone number of nearest relative not living at your address: _____

PERSON PRIMARILY RESPONSIBLE FOR THIS ACCOUNT

Name: _____ Birth Date: ____/____/____

Address: _____ City/State/Zip: _____

Social Security #: _____ Relationship to Patient: _____

Home Phone: () _____

Employer: _____ Position There: _____ Work Phone: () _____

Spouse's Name: _____ S.S.#: _____ Birth Date: ____/____/____

Employer: _____ Position There: _____ Work Phone: () _____

Dental Insurance Company: _____

Insured's Name: _____ Insured's S.S.#: _____ Insured's Birth Date: ____/____/____

Insurance Address: _____ City/State/Zip: _____ Group #: _____

HEALTH INFORMATION

Purpose of Appointment: _____

Name of Medical Doctor: _____ Former Dentist's Name: _____

Are you now under a physician's care? _____ Why? _____

Are you taking medication at this time? _____ What? _____

Females: Are you pregnant? _____ Date Due: _____

Check if you have ever had: Joint Replacement Surgery _____ Heart Condition _____ Radiation Treatment _____

Asthma _____ Abnormal Bleeding _____ Anemia _____ Abnormal Blood Pressure _____ Tuberculosis _____

Diabetes _____ Hepatitis (liver disease) _____ Kidney Disease _____ Epilepsy _____ HIV positive _____

Check if you are allergic to: Local anesthetics (Novocaine, Carbocaine) _____

Penicillin _____ Codeine _____ Others (please list) _____

DENTAL INFORMATION

Are you extremely nervous about dental procedures? _____

Have you ever been to a dentist? _____

Have you seen a dentist in the last year? _____ How many times? _____

When was your last set of dental x-rays? _____

How long has it been since your last professional cleaning? _____

What are your main concerns regarding your teeth? _____

Have you ever had orthodontic treatment? _____ when? _____ Treatment for gums? _____ when? _____

Are your teeth sensitive to heat, cold or sweets? _____

Do you often have toothaches? _____ Bleeding gums? _____ Grind teeth? _____

Are you satisfied with the appearance of your teeth? _____

Would you like whiter teeth? _____

Do you have any pain or problems with your jaw joint? _____

I understand that payment in full is expected at the time of service unless otherwise arranged. I also understand that I am solely responsible for payment and that Moses Lake Family Dentistry will submit necessary forms to my insurance as a courtesy and that they are not party to the contract between my insurance company and myself.

SIGNATURE: _____ DATE: _____