



Boise FAMILY DENTAL Care^{PLLC}

WELCOME!

The benefits of a happy, healthy smile are immeasurable! Our goal is to help you reach and maintain good oral health. Please fill out this form completely. The more we know about you, the better we can care for you!

Today's Date: ____/____/____

1. Tell us About You (PATIENT):

Last Name: _____ First Name: _____ Middle Initial: _____
Mr./Mrs./Ms.

Is there a name you prefer to be called other than the one listed above? _____

Birthdate: ____/____/____ SSN: ____-____-____

Height: _____ Weight: _____ lbs

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Employer: _____ Occupation: _____

May we contact you by email? Yes / No Email Address: _____

When and where are we most likely to reach you? _____

How did you hear about us: _____ Previous Dentist: _____

How long has it been since your last cleaning? _____

2. Spouse's Information (If patient is a minor, Parent's Information):

Name: _____ Date of Birth: ____/____/____

SSN: ____-____-____ Cell Phone: _____ Current Patient?: Y/N

Please notify front office of any dental insurance you would like to use at this appointment