

# WELCOME FORM

## *Garr Dental Care*

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Person Responsible for Account: \_\_\_\_\_

Emergency Contact (Name, Phone Number & Relationship) \_\_\_\_\_

How did you hear about Dr. Garr? \_\_\_\_\_

Whom may we thank for this referral? \_\_\_\_\_

Do you have dental insurance? \_\_\_ Yes \_\_\_ No If yes, please complete the insurance information.

Insured's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number or Subscriber Id: \_\_\_\_\_

Dental Insurance Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Group No.: \_\_\_\_\_ Insured's Employer: \_\_\_\_\_

### **These are things important to me about my dental health:**

**(Please Circle One)**

- |  |   |
|--|---|
| 1. My mouth is<br>A.) very comfortable<br>B.) moderately comfortable<br>C.) uncomfortable  | 5. I<br>A.) have always done the best that was recommended for my dental health<br>B.) have not done what dentists have recommended for my mouth<br>C.) rarely go, and don't care much about having my dental work completed. |
| 2. I (I am)<br>A.) think the appearance of my mouth is excellent<br>B.) satisfied with the appearance of my mouth<br>C.) dissatisfied with the appearance of my mouth  | 6. I have<br>A.) put dentistry for myself and my family high on my priority list<br>B.) put dentistry for myself and my family low on my priority list<br>C.) it's on my list but hard to find                                |
| 3. I<br>A.) will do anything to keep my natural teeth<br>B.) want to keep my teeth, but have a certain budget of time and money I am willing to spend on them<br>C.) don't care whether I keep my teeth or not | 7. I think my present state of dental health is<br>A.) excellent<br>B.) good<br>C.) poor  |
| 4. I<br>A.) have set goals for my oral health with a previous dentist<br>B.) want to set goals concerning my dental health<br>C.) never set goals concerning my dental health                                  | 8. I aspire to a mouth with<br>A.) excellent health<br>B.) good health<br>C.) poor health   |