

Welcome to Diem Do DDS

This confidential information will help us prepare for your visit.

NAME _____

I prefer to be addressed as _____

Birth date ____ / ____ / ____ SS# ____ - ____ - ____

Address _____
_____ Zip _____

Single Married Divorced Widowed Separated

Cell # _____ Work # _____

E-Mail _____

Employer _____

How would you prefer to receive appointment confirmations?

Text **E-Mail** **Cell phone**

Who may we thank for referring you to our office?

Family members seen as patients here..

Account Information

- Cash, Visa or personal check at time of service
- I have Dental Insurance to cover a portion of my fees

Name on Account: **Self** **Spouse** **Other**

If Spouse:

Insured's Name _____

Birth date ____ / ____ / ____ SS# ____ / ____ / ____

Cell # _____ Work # _____

What prompted you to schedule this dental appointment?

Please check what applies to you

- I currently have no pain or sensitivity.
- I currently have pain or sensitivity.
- My mouth is very uncomfortable.
- My mouth is moderately comfortable.
- My mouth is uncomfortable.
- I think the appearance of my smile is excellent.
- I am interested in whiter teeth.
- I am curious about changing my smile.
- I am satisfied with the appearance of my teeth.
- I am aware of current dental treatment that I need.
- I am not aware that I need any dental treatment.
- I think my present state of dental health is excellent.
- I think my present state of dental health is good.
- I think my present state of dental health is poor.

Concerns I see in regards to my dental health...

If you select more than one of the following, please number them in order of significance with #1 being that which is most significant for you at this time.

_____ I see no obstacles

_____ Time away from work or other obligations

_____ Fear of pain, surgery, or injections

_____ Fear because of past dental experiences

_____ The cost of treatment

Other _____

