

STOPPELBEIN & HARDISON, DDS PA
P.O. BOX 424
WARSAW, NC 28398

DATE: _____ CHART # _____

PATIENT NAME: _____ PREFERRED NAME: _____

BIRTHDATE: _____ MARITAL STATUS: [] SINGLE [] MARRIED [] DIVORCED

NAME OF SPOUSE: _____

IF CHILD- PARENTS NAME: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE HOME: _____ WORK: _____ CELL: _____

EMAIL ADDRESS - HOME: _____

EMAIL ADDRESS-WORK: _____

SCHOOL - IF FULL TIME STUDENT: _____

SOCIAL SECURITY NUMBER - PATIENT: _____ SPOUSE: _____

PATIENT EMPLOYED BY: _____

SPOUSE/PARENT EMPLOYED BY: _____

IF DENTAL INSURANCE-NAME OF INSURANCE COMPANY: _____

POLICY OR ID NUMBER: _____ POLICY HOLDER NAME: _____

MEDICAL DOCTOR _____ REFERRED BY _____

CHIEF COMPLAINT - [WHY DID YOU COME TODAY] _____

IF NEW PATIENTS, WHEN DID YOU LAST GO TO A DENTIST _____

IF OVER 18 MONTHS - WHY? [] FINANCES [] FEAR [] OTHER

NAME & ADDRESS OF PRIOR DENTIST _____