# Cristina Sosa Anderson, D.D.S., Dental Worx

# Welcome!

Date_____

## Patient Information (Confidential)

Name_____ Date of Birth _____Social Security#_____
Address_____ City_____ State _____Zip code_____
Home telephone_____ Cell Phone #_____
Check appropriate box: □ Minor □ Single □ Married □ Divorced □ Widow □ Separated
Employer _____ Work Telephone _____
Employer Address_____City_____State_____Zip Code_____
Spouse's Name _____ Employer _____Work Telephone_____
Whom may we thank for referring you? _____
Whom may we contact in case of an emergency? _____Telephone_____

## Responsible Party

Name of Responsible party_____ Relationship to patient_____
Date of Birth_____ Social Security #_____ Driver's License #_____
Address_____ Home Telephone_____
Employer_____ Work Telephone_____
Is this person a patient of our office? □ Yes □ No

## Insurance Information

Name of Insured_____Relationship to Patient_____
Date of Birth of Insured_____Social Security # of Insured_____Date Employed_____
Name of Employer_____ Work Telephone_____
Address of Employer_____City_____State_____Zip Code_____
Name of Insurance_____ Group or policy #_____ _____Telephone_____
Insurance Address_____City_____State_____Zip Code_____

Do you have additional dental insurance? □ Yes □ No

## Dental History of Patient

Name of last Dentist_____ Date of last exam_____

| | Yes | No | | Yes | No |
|---|---|---|---|---|---|
| 1. Do your gums bleed when you brush or use dental floss? | □ | □ | 7. Do you grind or clench your teeth? | □ | □ |
| 2. Are your teeth sensitive to hot/cold? | □ | □ | 8. Have you had a difficult extraction? | □ | □ |
| 3. Are your teeth sensitive to sweets or sour foods? | □ | □ | 9. Have you ever experienced prolonged bleeding after a dental extraction? | □ | □ |
| 4. Do you have pain in any tooth? | □ | □ | 10. Have you ever worn braces? | □ | □ |
| 5. Have you ever injured you jaw? | □ | □ | 11. Do you wear partials or dentures? | □ | □ |
| 6. Have you ever had TMJ problems? | □ | □ | 12. Have you ever received oral hygiene instructions? | □ | □ |
| | | | 13. Have you ever been sedated for dental treatment? | □ | □ |

Describe_____