

Family Dental Center of Dakota Dunes

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(605)232-5898

Date

Chart#: _____
FOR OFFICE USE ONLY

Patient Name: _____
Last First M Preferred Name

Title: _____ Gender: Male Female Family Status: Married Single Child Other
Mr/Ms/Mrs/etc

Birth Date: _____ SS#: _____ Prev. Visit: _____

Email Address: _____ Best time to call: _____

Phone: _____
Home Mobile Work Ext Fax Other

Address: _____
Address 1 Address 2
City State Zip Code

The following is for: the patient's spouse the person responsible for payment both neither-not applicable

Patient Name: _____
Last First M Preferred Name

Title: _____ Gender: Male Female Family Status: Married Single Child Other
Mr/Ms/Mrs/etc

Birth Date: _____ SS#: _____ DL#: _____

Email Address: _____ Best time to call: _____

Phone: _____
Home Mobile Work Ext Fax Other

Address: _____
Address 1 Address 2
City State Zip Code

The following is for: the patient the person responsible for payment both not applicable

Employer Name: _____ Phone: _____

Employer Address: _____
Address 1 Address 2

City State Zip Code

Name of Insured: _____
Last First M

Insured's Birth Date: _____ ID #: _____ Group #: _____

Insured's Address: _____
Address 1 Address 2

City State Zip Code

Insured's Employer Name: _____

Employer Address: _____
Address 1 Address 2

City State Zip Code

Patient's relationship to insured: Self Spouse Child Other

Insurance Plan Name: _____

Insurance Address: _____
Address 1 Address 2

City State Zip Code

Name of Insured: _____
Last First M

Insured's Birth Date: _____ ID #: _____ Group #: _____

Insured's Address: _____
Address 1 Address 2

City State Zip Code

Insured's Employer Name: _____

Employer Address: _____
Address 1 Address 2

City State Zip Code

Please check anything on this list that applies to you:

- Addiction- Alcohol
- Addiction- Chemical
- AIDS
- Allergy- Amoxicillin
- Allergy- Anesthetics
- Allergy- Aspirin
- Allergy- Codeine
- Allergy- Environment
- Allergy- Latex
- Allergy- Nickel
- Allergy- Other Meds
- Allergy- Penicillin
- Allergy- Sulfa
- Allergy- Tetracycline
- Alzheimer's/Dementia
- Amputation
- Anemia
- Antibiotic Pre-Med
- Arthritis
- Artificial Joints
- Asthma
- Autoimmune Disease
- Blood Disorder
- Blood Thinners
- Cancer- Active
- Cancer- Remission
- Cardiac Condition
- Cardiac Valve Repair
- Cardiac- Murmur
- Cardiac- Pacemaker
- Cerebral Palsy
- Crohn's Disease
- Diabetes
- Disability- Behavior
- Disability- Mental
- Disability- Physical
- Epilepsy
- GI Disorder
- Headaches
- Heart Murmur
- Hemophiliac
- Hepatitis - Circle type: A B C D E
- High Blood Pressure
- HIV
- Immune Deficiency
- Impaired Hearing

- Impaired Vision
- Kidney Disease
- Liver Disease
- Lupus
- Mental Illness
- Multiple Sclerosis
- Nursing
- Osteoporosis
- Parkinson's Disease
- Pregnant
- Recent Surgery - What type? _____
- Respiratory Disease
- Rheumatic Fever
- Rheumatoid Arthritis
- Sexually Transmitted Disease - What type? _____
- Seizure Disorder
- Sinus Problems
- Stroke/Brain Injury
- Stomach Problems
- Thyroid Disorder
- Tobacco Use
- Tuberculosis
- Ulcers

Response Date: ____/____/____