

# Welcome



**ADKINS**  
DENTISTRY  
— DDS, PLLC —

## About You

Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ I like to be called: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Please check preferred contact:

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

E-mail: \_\_\_\_\_

Social Security Number (required): \_\_\_\_\_

Driver's License (required): \_\_\_\_\_

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

Marital Status:  Single  Married  Divorced  Widowed

Spouse's name: \_\_\_\_\_

In case of an emergency, is there someone we can call?

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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## Dental History

Why have you come to see us today? \_\_\_\_\_

The date of your last dental visit: \_\_\_\_\_ Previous dentist's name: \_\_\_\_\_

Have you been treated previously for gum disease? \_\_\_\_\_

Do you clench or grind your teeth?  Yes  No

Have you ever had an adverse response to any dental treatment? \_\_\_\_\_

How would you describe the condition of your teeth and gums?

Good  Fair  Poor

Are you satisfied with the appearance of your teeth and smile?

Please explain: \_\_\_\_\_

Are you currently experiencing pain or discomfort with your teeth or gums?

Please explain: \_\_\_\_\_