



New Patient Registration Form

1st Family Dental
www.1fd.org

Referral Source: _____



Email: _____ Preferred to be contacted by: e-mail phone
 Yes! Please send me appointment reminders via email

Our forms are printed on paper sourced from sustainable forests. Soon we will become a paperless practice!

*Help support our **Green Initiative** by providing your email address to receive statements and reminders digitally.*



SECTION I: Patient Information

First Name _____ Last Name _____ Preferred Name _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Date of Birth: _____ Soc. Sec. #: _____

Marital Status: Minor Single Married/Partner Separated Divorced Widowed

Ethnicity: Hispanic/Latino Not Hispanic/Latino Decline to specify

Race: African American Caucasian American Indian or Alaskan Native Asian Indian Other _____

Preferred Language: English Spanish Other, please specify _____

Employment Status: Employed Unemployed Student Retired Other/Not Applicable

Emergency Contact Name _____ Phone (_____) _____ Relationship _____

Section II: Responsible Party Information

(If someone other than patient, and/or patient is under age 18)

Relationship to Patient: Self Spouse/Partner Parent Other: _____

Name (Last, First): _____

Address (Line 1): _____ City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Soc. Sec. #: _____ StateID/License#: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____

Section III: Insurance Information

Name of Insured: _____ Insured's Soc. Sec. #: _____ Insured's Date of Birth: _____

Employer: _____ Employer Address: _____

Insurance Provider: _____ Relationship to Patient: Self Spouse Child Other: _____

Additional Insurance: Name of Insured: _____ Insured's Soc. Sec. #: _____

Insured's Date of Birth: _____ Employer: _____ Employer Address: _____

Insurance Provider: _____ Relationship to Patient: Self Spouse Child Other: _____

Signature _____ Date: _____