

# Lilly Family Dentistry

## Patient Information

Date: \_\_\_\_\_

### SECTION 1: GENERAL INFORMATION

Patient Name: \_\_\_\_\_ Social Sec. # \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Mobile: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email Address: \_\_\_\_\_

Sex:  M  F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Single  Married  Widowed  Separated/Divorced

Nearest Friend or Relative not living with you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### SECTION 2: SPOUSE OR RESPONSIBLE PARTY INFORMATION

The following is for: \_\_\_\_\_ The patient's spouse \_\_\_\_\_ The person responsible for payment

Name: \_\_\_\_\_ Social Sec. # \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Mobile: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email Address: \_\_\_\_\_

Sex:  M  F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Single  Married  Widowed  Separated/Divorced

### SECTION 3: INSURANCE INFORMATION

*Primary*

Name of Insured: \_\_\_\_\_ Group#: \_\_\_\_\_  
Last First MI

Insured's Employer Name: \_\_\_\_\_

Insured's Plan Name & Address: \_\_\_\_\_

# Lilly Family Dentistry

*Secondary*

Name of Insured: \_\_\_\_\_ Group#: \_\_\_\_\_  
Last First MI

Insured's Employer Name: \_\_\_\_\_

Insured's Plan Name & Address: \_\_\_\_\_

**SECTION 4: OFFICE INFORMATION**

1. Why did you select our office? \_\_\_\_\_

2. Whom may we thank for referring you to our office? (Check all that apply)

- Website
- Online Advertisement
- Search Engine (Google, Bing, Yahoo)
- Yellow Pages
- Print Advertisement: \_\_\_\_\_
- Friend/Family Member: \_\_\_\_\_
- My Physician: \_\_\_\_\_

3. Is another member of your family or relative a patient in our practice? \_\_\_\_\_