[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Add or remove table rows to fit your needs. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Dental practice patient intake form

New patient registration - personal details, dental history and consent.

Patient details

Full name	[Full name]
Date of birth	[Date]
Address	[Full address]
Phone	[Phone]
Email	[Email]
Emergency contact	[Name and phone]
Last dental check-up	[Date / never]
Current concerns	[e.g. toothache, cosmetic]
Medical conditions	[List relevant conditions]
Allergies (esp. latex, anaesthetic)	[List, or ‘none known’]

Dental history

[Previous treatments, gum issues, anxiety about treatment]

Consent

I consent to examination and treatment at this practice, and to my information being stored securely for clinical purposes.

Sign-off

Patient	Signature	Date