

Patient Registration and Medical History

(Confidential)

**Clara E. Balancio, DDS, Inc. dba
Galvan Dental Care**2809 Redwood Parkway
Vallejo, CA 94591

Date _____

Patient _____
Last Name First Name Middle Home# _____
Cell # _____
Work # _____

E-Mail _____

Address:

Street _____ City _____ State _____ Zip _____

Sex: ☐ M ☐ F Age _____ Birth Date _____ ☐ Single ☐ Married ☐ Divorced ☐ Others _____

Patient Social Security No. _____ ID/License No. _____ State _____

Occupation _____ Employee _____ Length of Employment _____

Business Address _____ City _____ State _____ Zip _____

Person Responsible for account: ☐ Self ☐ Parents ☐ Spouse ☐ Guardian ☐ Others _____

Please write name of insurance _____ Group Number _____

Spouse's Name _____ Occupation _____

Office Address _____ Tel. No. _____

In case of emergency, who should be notified? _____ Tel. No. _____

Who may we thank for referring you? _____

RESPONSIBLE PARTY INFORMATIONName of Responsible Party _____ Tel. No. _____ ☐ Res. ☐ Off.

Occupation: _____ SS# of Responsible party _____

Employer _____ Length of Employment _____

Business Address _____ City _____ State _____ Zip _____

DENTAL HISTORY

Reason for visit (Toothache, check-up, etc.) _____

How long since your last visit to the Dentist? _____

Name of former Dentist _____ Tel. No. _____

Reason for change _____

Do you have Dentures? ☐ Yes ☐ No If yes, please check appropriate box:☐ Full Upper ☐ Partial Upper How old? _____☐ Full Lower ☐ Partial Lower How old? _____Do you have ☐ Crown ☐ Bridges How old? _____

How often do you floss? _____ How often do you brush? _____

Check ☒ if you have had problems with any of the following:☐ Bad breath☐ Loose teeth or broken fillings☐ Sensitive when biting☐ Bleeding gums☐ Periodontal treatment☐ Sores or growth in your mouth☐ Clicking or popping jaw☐ Sensitive to cold☐ Grinding teeth☐ Food collection between teeth☐ Sensitive to hot☐ Sensitive to sweets

TURN OVER AND FILL OUT BACK PAGE, THANK YOU!