

Frank L. Higginbottom, D. D. S.
Richard B. Derksen D.M.D., M.S.
Kimberly Higginbottom Fesler, D. D. S.
Patient Registration Form

Today's Date _____

Patient's Name Mr Dr Mrs Ms _____

Birthdate _____ Social Security Number _____ Sex _____

Address _____ City, State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail Address _____

Single Married Divorced Widowed Employed Unemployed Full-time student Part-time student

Employer _____ Work Phone _____ Ext _____

Patient's Relationship to responsible party Self Spouse Child

If patient is **NOT** the responsible party, please fill out the following additional information:

Responsible Party Mr Dr Mrs Ms _____

Address _____ City, State _____ Zip _____

Social Security Number _____ Birthdate _____ Home Phone _____

Employer _____ Work Phone _____ Ext _____

Dental concerns you wish to discuss at today's appointment _____

Referred by _____ Name of previous dentist _____

Date of last dental visit _____ Have you had dental x-rays taken in the past year? _____

Medical History

Do you have any general health problems? yes no Please explain _____

Physician's Name _____ Phone Number _____ Last Physical Exam _____

Emergency Contact _____ Phone number _____

Are you currently under a physician's care for any condition? yes no If yes, please explain _____

What medications are you currently taking? _____

Are you allergic to any medications? yes no If yes, please list _____

