



**SEATTLE**  
**SPECIAL CARE DENTISTRY™**

**Demographics, Financial Information, and General Consent to Care**

Mr./Ms./Dr./Etc.		First Name		MI	Last Name		Preferred Name	
Date of Birth		Age		SSN			Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Mailing Address					City		State	Zip
Phones:	Home	Work		Cell	Pager		Fax	
Email 1				Email 2				
Who should we contact regarding this patient's care?		<input type="checkbox"/> Patient <input type="checkbox"/> Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Facility <input type="checkbox"/> Case manager <input type="checkbox"/> Spouse <input type="checkbox"/> Family		Name / Address/ etc. if different than above			Preferred method(s) of contact	
						<input type="checkbox"/> Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Email1 <input type="checkbox"/> Email2 <input type="checkbox"/> Carrier pigeon		
Patient's occupation				Employer				
Referred by <input type="checkbox"/> MD <input type="checkbox"/> DDS	Name		Address		Phone		Email	
Primary Dental Insurance					Secondary Dental Insurance			
Insurance company: _____					Insurance company: _____			
Group #: _____					Group #: _____			
Ins. Co. Street Address/PO Box: _____					Ins. Co. Street Address/PO Box: _____			
Ins. Co. City/State/Zip: _____					Ins. Co. City/State/Zip: _____			
Subscriber's Name: _____					Subscriber's Name: _____			
Subscriber's SSN: _____					Subscriber's SSN: _____			
Subscriber's DOB: _____					Subscriber's DOB: _____			
Subscriber's Employer: _____					Subscriber's Employer: _____			
Subscriber's Relation to Patient: _____					Subscriber's Relation to Patient: _____			
Emergency contact					Phone			

**By signing below, I agree to receive dental and related health care from Seattle Special Care Dentistry. I also agree to be financially responsible for all services rendered on my behalf.**

**X**

Date:

If not the patient, your name and relationship to the patient: