

Klement Family Dental Care
7650 38th Avenue North
St. Petersburg, FL 33710

(727) 343-8831 phone
(727) 345-5396 fax
www.StPeteDentist.com

Patient History (Adult)

Legal Name: _____ Date: ____-____-____
Sex: M F
Preferred Name: _____ Last Name First Name Middle Initial
DOB: ____-____-____ Driver's License #: _____
Social Security #: ____-____-____ Minor Single Married Divorced Widowed
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: () ____-____-____ Work Phone: () ____-____-____ Cell Phone: () ____-____-____
Email: _____ Preferred Contact #: (please circle) Home Work Cell Email
Employer: _____ Occupation: _____
Person Responsible for Account: _____ SSN#: _____
Home Phone: () ____-____-____ Work Phone: () ____-____-____ Cell Phone: () ____-____-____
How did you hear about our office? _____
Emergency Contact Person: _____ Relation: _____
Home Phone: () ____-____-____ Alternate Phone: () ____-____-____

Marital Status: _____ Spouse's Name: _____
Social Security #: ____-____-____ DOB: ____-____-____
Spouse's Employer: _____ Occupation: _____
Work Phone: () ____-____-____ Cell Phone: () ____-____-____

Do you have dental insurance? _____ Primary Insured: _____
Is there a secondary dental insurance plan? _____ Primary Insured: _____

Please present your insurance card to our front staff to verify coverage and benefits.

Medical History (Adult)

How would you rate your health? Excellent Good Fair Poor
Are you currently under the care of a physician other than for routine care? ____ NO ____ YES
If yes, please explain: _____
Have you been hospitalized in the past year? ____ NO ____ YES
If yes, please explain: _____
Name of your physician: _____ Phone: () ____-____-____
Address: _____ Date of last complete exam? ____-____-____

