[Company name]

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Dental practice patient intake form

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

Patient details

Full name: _____

Date of birth: _____

Address: _____

Phone: _____

Email: _____

Emergency contact: _____

Last dental check-up: _____

Current concerns: _____

Medical conditions: _____

Allergies (esp. latex, anaesthetic): _____

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:** _____