**Sauk Trail Dental Care, LLC**
**4343 Sauk Trail**
**Richton Park, IL 60471**
**Email: Info@sauktraildentalcare.com**
**Website: www.sauktraildentalare.com**
**Phone: 708-608-3368**

**WELCOME TO SAUK TRAIL DENTAL CARE**
**PATIENT REGISTRATION AND HEALTH HISTORY FORM**

How did you hear about our office? ________________________________________

Please complete the following confidential information

**Patient (or responsible party, if patient is a minor)**

| Last Name | First Name | Initial | Home Phone Number | |
|---|---|---|---|---|
| | | | | |
| Address | City | State | Zip | |
| | | | | |
| Birthdate | Age | Employer | How long | Work Phone #/ Ext |
| | | | | |
| Occupation | Business Address | City | State | Zip |
| | | | | |

## Spouse

| Last Name | First Name | Initial | Home Phone Number | |
|---|---|---|---|---|
| | | | | |
| Address | City | State | Zip | |
| | | | | |
| Birthdate | Age | Employer | How long | Work Phone #/ Ext |
| | | | | |
| Occupation | Business Address | City | State | Zip |
| | | | | |

## Child

| Last Name | First Name | Initial | Home Phone Number | | |
|---|---|---|---|---|---|
| | | | | | |
| Address | City | State | Zip | | |
| | | | | | |
| Birthdate | Age | Sex | School | City | Grade |
| | | | | | |

## Dental Insurance

| Primary Insurance Company | Address/City/State/Zip | | |
|---|---|---|---|
| | | | |
| Employee | Social Security Number | Member # | Group # |
| | | | |
| Secondary Insurance Company | Address/City/State/Zip | | |
| | | | |
| Employer | Social Security # | Member # | Group # |
| | | | |

**Credit Card (Please list at least one)**

| | Account number | Name on Card | Exp. Date |
|---|---|---|---|
| Visa/Mastercard | | | |
| AMEX | | | |
| Discover | | | |

**Person to Contact in Case of Emergency:**

Name_______________________________________________________________

Address_____________________________________________________________

Phone ______________________________________________________________

Is another member of your family a patient at our practice? YES NO

Name_______________________________________________________________________