

**Lorane M. Dick, D.O.**

554 E. Foothill Blvd. Ste. 120 San Dimas, CA 91773

**PATIENT REGISTRATION FORM**

Please print

**PERSONAL INFORMATION:**

Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
First M.I. Last

Address \_\_\_\_\_  
Street Address Apt# City State Zip

Phone: (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Area code Number Area code Number Area code Number

Marital Status \_\_\_\_\_ Race \_\_\_\_\_ Education \_\_\_\_\_

Spouse/Sig. Other \_\_\_\_\_  
Name Phone

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
(patient or parent)

Referred by \_\_\_\_\_ Responsible party (if minor) \_\_\_\_\_

Allergies \_\_\_\_\_

**INSURANCE INFORMATION:**

Insurance Co \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Insured Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
First M.I. Last

Insured Address \_\_\_\_\_  
Street Address Apt# City State Zip

Phone: (Day) \_\_\_\_\_ (Eve.) \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_

**FAMILY HISTORY:** If any blood relative has suffered any of the following, please indicate which relative.

Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ Anemia \_\_\_\_\_ Arthritis \_\_\_\_\_ Alcoholism \_\_\_\_\_

Blood Clotting Problems \_\_\_\_\_ Cancer \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_

Glaucoma \_\_\_\_\_ Genetic Disease \_\_\_\_\_ Gout \_\_\_\_\_ Headaches \_\_\_\_\_

Heart Disease \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Kidney/Bladder Problem \_\_\_\_\_

Mental Illness \_\_\_\_\_ Stroke \_\_\_\_\_ Tuberculosis \_\_\_\_\_ Other \_\_\_\_\_

**DENTAL HISTORY:**

Extractions  no  yes # of teeth \_\_\_\_\_ Root Canals  no  yes Implants  no  yes

Bridges  no  yes ( upper  lower) Does any bridge cross the midline?  no  yes

Dentures  upper  lower  partial Age last fitted \_\_\_\_\_

Do you currently or did you have:  overbite  under bite  crooked teeth  buck teeth

Orthodontia  no  yes, age \_\_\_\_\_ Reason for orthodontia: \_\_\_\_\_

Temporomandibular Joint (TMJ): splints  no  yes ( upper  lower)  
surgery  no  yes ( left  right)

