

New Client Intake Form for Dental Clinic

Efficiently gather essential patient information with our **new client intake form sample** designed specifically for dental clinics. This easy-to-use form streamlines the onboarding process, ensuring accurate and comprehensive data collection. Enhance your clinic's workflow while providing a professional and welcoming experience for new patients.

Personal Information

First Name:

Last Name:

Date of Birth:

Gender:

Select

Phone Number:

Email Address:

Home Address:

Insurance Information

Insurance Provider:

Insurance ID Number:

Medical & Dental History

Primary Care Physician:

Do you have any allergies?

Yes

No

If yes, please specify:

Do you have any medical conditions?

Yes

No

If yes, please specify:

Reason for Dental Visit / Main Concerns:

Consent & Signature

I confirm that the information provided is accurate, and I agree to the clinic's privacy policy.

Signature:

Type your full name

Date:

Submit