



1001 Gibson Bay Drive | Richmond, KY 40475
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Demographic Information

Patient Name: _____ Date: _____

Patient's Preferred Name: _____ Email: _____

Birthday: _____ Gender: _____ SSN#: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

City, State, Zip: _____

Who is filling out the form today: ☐ Patient ☐ Other

If not the patient, please provide the following information:

Name: _____ Relationship to Patient: _____

Who has legal custody of patient? _____ Phone: _____

Primary Contact Details: Who should we contact for scheduling? _____

If patient is not the primary contact:

Primary Contact Name: _____ Relationship to Patient: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

City, State, Zip: _____

How did you hear about us? _____

RESPONSIBLE PARTY / GUARANTOR INFORMATION

Is the patient also the guarantor? ☐ YES ☐ NO

If not, please provide the following information:

Name: _____ Relationship to Patient: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

City, State, Zip: _____

EMPLOYMENT DETAILS

Occupation: _____

How long? _____ Employer Name: _____

Please list 2 contact names to whom practice can release PHI information (HIPAA):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

EMERGENCY CONTACT

Name: _____ Phone Number: _____

Signature: _____ **Date:** _____

