



New Dental Patient Request Form

Welcome to Rolling Hills Clinic! Please take a moment to fill out the following information as thoroughly and honestly as possible so that we may give you the highest quality care. Please let us know if you need assistance or have any questions.

1. Patient Information

Last Name

First Name

Date of Birth

Phone

2. Primary Insurance

Your relationship to subscriber: Self Spouse Child

Subscriber Name Subscriber ID# Date of Birth

Phone Employer Insurance Company

Group Name Group # SS#

**Please BRING YOUR INSURANCE CARD with you to the clinic.*

3. Secondary Insurance

Your relationship to subscriber: Self Spouse Child

Subscriber Name Subscriber ID# Date of Birth

Phone Employer Insurance Company

Group Name Group # SS#

**Please BRING YOUR INSURANCE CARD with you to the clinic.*

4. Drugs & Medications

Are you taking any prescription or non-prescription medication? If you have more medications or cannot remember their names, please bring all your prescription bottles or a current list of your medications.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

5. Allergies Please list any allergies you may have to food, drugs, or other substances.

6. Medical Problems

Please list each medical problem that you are experiencing. _____

7. Your Previous Care

- a) Who was your previous doctor? _____
- b) What specialists do you see? _____
- c) Why are you changing doctors? _____

8. Which clinic location would you prefer?

Corning: Red Bluff:

Are you an employee of Rolling Hills Casino or Sevillano Links? Yes No