

# Special Smiles, Ltd

100 EAST LEHIGH AVENUE, CENTENNIAL TWO PHILADELPHIA, PA 19125  
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[www.specialsmilesLtd.com](http://www.specialsmilesLtd.com)

## NEW PATIENT INTAKE SHEET

1. Patient Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ If under age 10, a **referral is required** from previous dentist.
4. Social Security Number: \_\_\_\_\_
5. Insurance Carrier:
- Keystone Mercy/Amerihealth Mercy # \_\_\_\_\_
- Americhoice # \_\_\_\_\_
- Health Partners # \_\_\_\_\_
- Access # \_\_\_\_\_
- Private Pay \_\_\_\_\_
6. Name of Facility/Agency (if any): \_\_\_\_\_
7. Home/Agency Address: \_\_\_\_\_
- \_\_\_\_\_
8. Contact Name: \_\_\_\_\_ 9. Relationship to patient: \_\_\_\_\_
10. Contact Telephone No# \_\_\_\_\_
11. Name of Legal Guardian: \_\_\_\_\_
12. Previous/Referring Dentist: \_\_\_\_\_ 13. Telephone No# \_\_\_\_\_
14. Primary Care Physician: \_\_\_\_\_ 15. Telephone No# \_\_\_\_\_
16. List all medical diagnoses/conditions: \_\_\_\_\_
17. Is the patient experiencing oral pain, swelling or redness? Yes \_\_\_ No \_\_\_
- If yes, proceed to the nearest emergency department for urgent treatment and then contact Special Smiles, Ltd the next business day in order to schedule an initial consultation.
18. Is the patient edentulous (without teeth)? Yes \_\_\_ No \_\_\_
19. Date of Last Dental Visit: \_\_\_\_\_ 20. Is the patient cooperative for dental treatment? Yes \_\_\_ No \_\_\_
21. Was dental treatment completed while the patient was \_\_\_ awake \_\_\_ with sedation \_\_\_ with general anesthesia \_\_\_
22. What type of dental treatment was completed?  
\_\_\_\_\_
23. Are there any contraindications to general anesthesia? \_\_\_\_\_
24. Are there any medical and/or dental concerns that need to be addressed at the initial consultation?  
\_\_\_\_\_

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### SSL STAFF ONLY

Patient will need the following prior to the initial consultation:

Dentist Referral    Medical History  
Insurance Info    Consultation    Other \_\_\_\_\_

Patient is/is not a candidate for treatment under general anesthesia.

If not, state reason(s) why. \_\_\_\_\_  
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