

Patient Information

Name (First) (M.I.) (Last) M F Sex ____/____/____ DOB S M D W Marital Status

SSN # Email address Home Phone # Cellular # Work #

Home Address (Street) (City) (State) (Zip code)

Name of Employer Occupation If student, name of school

Business Address (Street) (City) (State) (Zip code)

Spouse's Name ____/____/____ DOB Occupation

Spouse's Employer Work Phone # Cellular #

Emergency contact person Phone # Relationship to you

Whom may we thank for referring you? _____

Jeffrey A. Diamond D.D.S.
158 Second Street, Los Altos, CA 94022
(650) 948-0786

Patient Preferences

Please let us know your preferences by marking where you fall on each line below:

I know a great deal about my dental condition.



I know very little about my dental condition.

I like to be presented with all options.



I get overwhelmed by too many choices.

I tend to look at details.



I tend to look at the big picture.

I prefer a proactive approach.



I prefer to wait until I must act.

I rely more on self-maintenance.



I rely more on professional maintenance.

I prefer to make lifestyle changes.



I prefer clinical treatments.

I prefer long lasting solutions that may cost more.



I prefer the easiest and quickest solutions.

I largely determine the extent of my care.



My insurance largely determines the extent of my care.