

Tennessee Dental Wellness Foundation
Demographics

Name: (first) _____ (middle) _____ (last) _____

Goes by: _____

Gender: M/F Date of Birth ____/____/____

Marital Status: Single/Married/Divorced/Widowed Spouse/SO Name _____

Number of and age of Children: _____

Ethnicity: White/African American/Latino/American Indian/Asian/Native Hawaiian/Other

Religious Preference: _____

Primary Language: English/Spanish/Other: _____

Interests/Hobbies/Etc: _____

Email Address: _____@_____

Mobile Number: _____ - _____ - _____ Mobile Carrier: _____

May we: Text Y/N Call Y/N Leave Message Y/N

Alternate Phone: _____ - _____ - _____ May we: Call Y/N Leave Message Y/N

Current Address: _____

Emergency Contact Name: _____ Relationship: _____

Address: _____

Phone: _____ - _____ - _____

Currently Employed: Y/N Employer Name: _____

Position: _____

Address: _____

Phone: _____ - _____ - _____

May we: Call Y/N Leave Message Y/N

Tennessee Dental Wellness Foundation
Demographics (continued)

Primary Care Physician

Name: _____

Phone: _____ - _____ - _____

Dentist

Name: _____

Phone: _____ - _____ - _____

Psychologist

Name: _____

Phone: _____ - _____ - _____

Psychiatrist

Name: _____

Phone: _____ - _____ - _____

Medications:

Sobriety Date: _____

Sponsor

Name: _____

Phone: _____ - _____ - _____

Caduceus

Group: _____

Leader Name: _____

Phone: _____ - _____ - _____