

## Tennessee Dental Wellness Foundation

### Demographics

Name: (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_

Gender: M / F      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_      Primary Language: \_\_\_\_\_

Marital Status: Single / Married / Divorced / Significant Other      Spouse/SO Name \_\_\_\_\_

Names of and age of Children: \_\_\_\_\_

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

Religious Preference: Christian / Jewish / Islamist / Buddhist / Hindu / Agnostic / Atheist / Other

Primary Language: \_\_\_\_\_      Email Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_      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

Date of Last Use: \_\_\_\_\_

