We are pleased to welcome your family to our practice. Please take a few minutes to fill out this form completely as possible. If you have questions we would be happy to help you. We look forward to working with you and your child.

PATIENT INFORMATION

DATE: _____

CHILD'S NAME: _____NICKNAME _____
FIRST *LAST* *MI*
DATE OF BIRTH _____ AGE_____ SEX ❑Male ❑Female
SCHOOL ATTENDS _____ GRADE _____
SOCIAL SECURITY NUMBER _____ HOBBIES_____

GENERAL INFORMATION

A. **FATHER'S NAME** _____ S.S NUMBER_____
MAILING ADDRESS _____E-Mail address _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER: HOME_____MOBILE_____PAGER_____
EMPLOYED BY _____TITLE_____
EMPLOYMENT ADDRESS _____ PHONE NO._____
DRIVERS LICENSE NUMBER _____ STATE____ DATE OF BIRTH_____

B. **MOTHER'S NAME** _____ S.S NUMBER_____
MAILING ADDRESS _____E-Mail address _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER: HOME_____ MOBILE_____ PAGER_____
EMPLOYED BY _____TITLE_____
EMPLOYMENT ADDRESS _____ PHONE NO._____
DRIVERS LICENSE NUMBER _____ STATE_____ DATE OF BIRTH _____

C. **PERSON RESPONSIBLE FOR ACCOUNT** _____

D. **PRIMARY INSURANCE CARRIER:** _____CONTRACT NO._____
NAME OF INSURED _____GROUP NO. _____
IS CHILD COVERED BY ADDITIONAL INSURACNE? ❑N ❑Y
SECONDARY INSURANCE CARRIER: _____ CONTRACT NO._____
NAME OF INSURED _____GROUP NO._____

E. **HAS YOUR FAMILY BEEN HERE BEFORE?** ❑ NO ❑YES
NAME AND AGES OF BROTHERS AND SISTERS: _____
_____

F. **NEAREST RELATIVE** (for emergency): NAME _____
ADDRESS: _____PHONE NO._____

G. **HOW AN WHERE DID YOU BECOME AWARE OF THIS OFFICE?** _____
_____

I have reviewed the information on **both** sides of this questionnaire, and it is accurate to the best of my knowledge. I understand that this information will be used by the dentist to help determine appropriate and healthful dental treatment for my child. Furthermore, I understand that even though I may have dental insurance, it is understood that I am responsible for all financial obligations that may arise as a result of any dental treatment provided for my child.

FATHER_____**MOTHER**_____**DATE**_____