

# Welcome

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## Patient Information

Date \_\_\_\_\_

Patient's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Sex \_\_\_\_\_  
First Middle Last

Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Child Lives with:  Both parents  Mother  Father  Other School Name \_\_\_\_\_

Patient's Physician or Pediatrician Name \_\_\_\_\_ Patient's Dentist \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

## Responsible Party Information

Name: \_\_\_\_\_ Marital Status:  Single  Separated  
First Middle Last  Married  Divorced

Mailing Address \_\_\_\_\_  
Street/P.O. Box City State Zip

How long at this address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Previous Address (if less than 3 yrs.) \_\_\_\_\_  
Street City State Zip

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ No. Years Employed \_\_\_\_\_  
(If self-employed, list name of business)

Spouse's Name: \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Spouse's Address (if different) \_\_\_\_\_  
Street City State Zip

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ No. Years Employed \_\_\_\_\_  
(If self-employed, list name of business)

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone (if different) \_\_\_\_\_

## Dental Insurance Information

Policy Holder's Name \_\_\_\_\_ Insured's Soc. Sec. # \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Insurance Co. \_\_\_\_\_ Group No. \_\_\_\_\_ Subscriber No. \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Policy Holder's Employer \_\_\_\_\_ Do you have other dental insurance?  No  Yes

## Emergency Information

Name of nearest emergency contact not living with you \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Relationship to patient \_\_\_\_\_  
Street City State Zip

I understand that where appropriate, credit bureau reports may be obtained.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)