



Tell Us About Your Child

Child's Name: _____

Nickname: _____ School: _____

Birthdate: _____ Gender at Birth: _____

Home Address: _____

Cell# For Text Reminders: _____

Email: _____

Anything Else We Should Know (ex: preferred pronouns)? _____

Today's Date: _____

Insurance Information

Primary Dental Insurance Co: _____

Insurance Co. Address: _____

Payor ID: _____ Group: _____

Member ID: _____

Policy Holder: _____

Secondary Dental Insurance Co: _____

Insurance Co. Address: _____

Payor ID: _____ Group: _____

Member ID: _____

Policy Holder: _____

Medical Insurance Co: _____

Insurance Co. Address: _____

Payor ID: _____ Group: _____

Member ID: _____

Policy Holder: _____

Who Is Accompanying the Child Today?

Name: _____ Relation: _____

Do you have legal custody of this child? YES NO

Other family members seen by us? _____

How Did You Hear About Us? _____

Previous/Present Dentist: _____

Last Dental Visit Date: _____

Tell Us About Your Family

Parent Name: _____ SS#: _____ DOB: _____ Gender: _____

Employer: _____ Alt Phone #: _____ Marital Status: _____

Parent Name: _____ SS#: _____ DOB: _____ Gender: _____

Employer: _____ Alt Phone #: _____ Marital Status: _____

Anything Else We Should Know About Your Family? _____

