

Child's Full Name _____ Preferred Name _____

Age _____ Birthday _____ Place of Birth _____

Attends what school _____ Grade _____

Name and age of brothers and sisters _____

Child's physician or pediatrician _____ Physician's Phone number _____

Family Dentist _____ Who may we thank for referring you to us _____

Name of child's pet and child's hobby _____

Purpose of visit _____

• Parent Information

Father's Name _____ Mother's Name _____

Home Address _____ City, State & Zip _____ Home Phone number _____

Father's employer _____ Occupation _____

Work Number _____ Father's SS# _____ Father's DOB _____

Mother's employer _____ Occupation _____

Work Number _____ Mother's SS# _____ Mother's DOB _____

Who has custody of patient? _____

• Insurance Information

Dental Insurance: Yes _____ No _____ Name of Insurance Company _____

Name of Policy Holder _____ Group number _____ Phone number _____

• Dental History

Give date of last dental care _____ Where? _____

Has your child had a toothache recently? Yes _____ No _____ Is your child in pain now? _____

Has your child had any unfavorable experiences in a dental or medical office? (If so, please underline which and explain)

• Emergency Information (Specify someone who does not live in your household)

Name _____ Address _____

Phone number _____ Relationship to patient _____

Parent or Guardian Signature _____ Date _____