



Child's Name _____ Nickname _____ Sex (f) (m) DOB _____

Address _____ City _____ State _____ Zip _____

Name and age of brothers and sisters _____

Child's interests _____ Name of Pet _____

Child's attitude toward previous dental care _____ Any Phobias _____

Does your child have any special needs? _____

Child's learning: _____ slow _____ average _____ accelerated

Who may we thank for referring to us? _____

General Information:

Parent/Guardian Information _____ Mother _____ Stepmother _____ Guardian

Marital Status _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

Full Name _____ Preferred Name _____

DOB _____ SSN _____ Email _____

Address _____ City _____ State _____ Zip _____

Cell # _____ Work # _____ Home # _____

Employer _____ Occupation _____

Parent/Guardian Information _____ Father _____ Stepfather _____ Guardian

Marital Status _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

Full Name _____ Preferred Name _____

DOB _____ SSN _____ Email _____

Address _____ City _____ State _____ Zip _____

Cell # _____ Work # _____ Home # _____

Employer _____ Occupation _____

Emergency Contact Information (other than above)

Name _____ Relationship _____ Phone # _____

Insurance Information:

Please complete this section if you have dental coverage for this child.

Primary Insurance:

Policy Holder's Name _____ DOB _____ Employer _____

Secondary Insurance:

Policy Holder's Name _____ DOB _____ Employer _____

_____ By initialing here, I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the above named dentist or dental entity. I understand that I am financially responsible for any charges not covered by my insurance or this authorization for treatment of this child. Additionally, I authorized the dentist to release any information including the diagnosis and records of any treatment or examination rendered to me or to this child during the period of such dental care to third party payors and / or health care practitioners.