

Today's Date: \_\_\_\_\_

# Welcome!

## Patient Information

|                                  |                 |                                      |                                  |
|----------------------------------|-----------------|--------------------------------------|----------------------------------|
| _____<br>Child's Legal Name      |                 | _____<br>Preferred Name              | _____<br>Gender Preference       |
| _____<br>Child's Birthdate       | _____<br>School | _____<br>Child's Home Street Address |                                  |
| _____<br>Child's Primary Phone # |                 | _____<br>City                        | _____<br>State      _____<br>Zip |

## Parent/Guardian Information

|  |                            |  |                            |
|--|----------------------------|--|----------------------------|
| _____<br>Name of Person Completing Paperwork   |                            | _____<br>Relationship to Child   |                            |
| Who has legal custody of the child? _____  |                            |  |                            |
| _____<br>Parent/Guardian Name  |                            | _____<br>Parent/Guardian Name  |                            |
| _____<br>Relationship to Child   |                            | _____<br>Relationship to Child   |                            |
| _____<br>Primary Phone #   | _____<br>Secondary Phone # | _____<br>Primary Phone #   | _____<br>Secondary Phone # |
| _____<br>Other Phone #   | _____<br>Occupation        | _____<br>Other Phone #   | _____<br>Occupation        |
| _____<br>Employer  |                            | _____<br>Employer  |                            |
| _____<br>Email   |                            | _____<br>Email   |                            |
| _____<br>S.S. #  | _____<br>Birthdate         | _____<br>S.S. #  | _____<br>Birthdate         |
| <input type="checkbox"/> Check here if address same as child's OR indicate below   |                            | <input type="checkbox"/> Check here if address same as child's OR indicate below |                            |
| Address: _____   |                            | Address: _____   |                            |
| _____<br>Parent's/Guardian's Martial Status: Single___ Married___ Divorced___ Separated___ Widowed___ Domestic Partners___ |                            |  |                            |

## Family Information

Is your child adopted? Yes\_\_\_ No\_\_\_

Other family members seen here: \_\_\_\_\_

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

## Primary Insurance

|                                   |                                |
|-----------------------------------|--------------------------------|
| _____<br>Subscriber's Name        |                                |
| _____<br>Insurance Co.            | _____<br>State                 |
| _____<br>Subscriber ID            | _____<br>Group #               |
| _____<br>Subscriber Date of Birth | _____<br>Insurance Co. Phone # |

## Secondary Insurance

|                                   |                                |
|-----------------------------------|--------------------------------|
| _____<br>Subscriber's Name        |                                |
| _____<br>Insurance Co.            | _____<br>State                 |
| _____<br>Subscriber ID            | _____<br>Group #               |
| _____<br>Subscriber Date of Birth | _____<br>Insurance Co. Phone # |