Today's Date: _____

Welcome

Patient Information

_____ _____ M _____ F_____
Child's Name Nickname

_____ _____ _____
Child's Birthdate School Child's Home Street Address

_____ _____ _____ _____ _____
Child's Home Phone # City State Zip

Parent/Guardian Information

_____ _____
Name of Person Completing Paperwork Relationship to Child

Who has legal custody of the child? _____

_____ _____
Parent/Guardian Name Parent/Guardian Name

_____ M _____ F_____ _____ M _____ F_____
Relationship to Child Relationship to Child

_____ _____ _____ _____
Home Phone # Cell Phone # Home Phone # Cell Phone #

_____ _____ _____ _____
Work Phone # Occupation Work Phone # Occupation

_____ _____
Employer Employer

_____ _____
Email Email

_____ _____ _____ _____
S.S. # Birthdate S.S. # Birthdate

☐Check here if address same as child's OR indicate below ☐Check here if address same as child's OR indicate below

Address:_____ Address:_____

_____ _____

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: _____

Who does the child live with? _____

Whom may we thank for referring you: _____

How can we best contact you: Phone_____ Email_____ Text_____

Can we email you office newsletters and event invitations? Yes _____ No _____

Primary Insurance

_____
Subscriber's Name

_____ _____
Insurance Co. State

_____ _____
Subscriber ID Group #

_____ _____
Subscriber Date of Birth Insurance Co. Phone #

Secondary Insurance

_____
Subscriber's Name

_____ _____
Insurance Co. State

_____ _____
Subscriber ID Group #

_____ _____
Subscriber Date of Birth Insurance Co. Phone #