

Welcome

Patient ID # _____ Today's Date _____

to our practice! We strive to make each of your child's visits pleasant and comfortable. Please fill out this form completely in ink.

Your Child

Child's Name _____
Nickname _____ Sex _____
Birthdate _____ Age _____
SS# / SIN _____
School _____ Grade _____
Child's Home Address _____
City _____ State/Prov. _____ Zip/P.C. _____
Phone _____

Responsible Party

Name _____
Relationship _____
Address _____
City _____ State/Prov. _____ Zip/P.C. _____
Email _____
SS#/SIN _____
DL# _____

Who is responsible for making appointments?

Name _____ Best time to call _____
Home Phone _____ Cell Phone _____ Time _____ Days _____
Work Phone _____ Ext. _____

Mother

Stepmother Guardian

Name _____
Home Phone _____ Cell Phone _____
Work Phone _____ Ext. _____
Email _____
Employer _____
Occupation _____
SS#/SIN _____
DL # _____

Father

Stepfather Guardian

Name _____
Home Phone _____ Cell Phone _____
Work Phone _____ Ext. _____
Email _____
Employer _____
Occupation _____
SS#/SIN _____
DL # _____

Marital Status Single Married Divorced
 Widowed Separated

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 Widowed Separated

Primary Insurance

Insured's Name _____
Relationship _____
Birthdate _____ SS#/SIN _____
Employer _____ Date Employed _____
Occupation _____
Insurance Company _____
Group # _____ Employee # _____
Ins. Co. address _____
City _____ State/Prov. _____ Zip/P.C. _____
Deductible _____ Copay _____
Amount already used _____
Max. annual benefit _____

Additional Insurance

Insured's Name _____
Relationship _____
Birthdate _____ SS#/SIN _____
Employer _____ Date Employed _____
Occupation _____
Insurance Company _____
Group # _____ Employee # _____
Ins. Co. address _____
City _____ State/Prov. _____ Zip/P.C. _____
Deductible _____ Copay _____
Amount already used _____
Max. annual benefit _____

Financial Arrangements

For your convenience, we offer the following methods of payment. Please check the option which you prefer.

Payment in full at each appointment. Cash Personal Check Credit Card Visa MC
 I wish to discuss the office's payment policy. _____