



Patient Name \_\_\_\_\_ Parents Names \_\_\_\_\_

Email address: \_\_\_\_\_

Father's Employer \_\_\_\_\_ Soc. Security # \_\_\_\_\_

Business Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Soc. Security # \_\_\_\_\_

Business Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

What would you like us to do for your child (ren) today? \_\_\_\_\_

How did you hear about our office?

- Commercial       Facebook       Website  
 Pediatrician \_\_\_\_\_       Dentist \_\_\_\_\_  
 Friend \_\_\_\_\_       Google       Mailer(Postcard)

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

Former Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Date of last dental care \_\_\_\_\_ Date of last x-rays \_\_\_\_\_

Child's Physician \_\_\_\_\_ Date of last visit \_\_\_\_\_

Phone Number \_\_\_\_\_

Has your child has a serious illness or operation?  yes  no

If yes, describe \_\_\_\_\_

Whom may we notify in case of emergency? (Person not being guardian)  
\_\_\_\_\_

Relationship to Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_