



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

**Welcome to Our Office**

**PATIENT INFORMATION- 1<sup>st</sup> CHILD**

Child's Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home# \_\_\_\_\_ Cell # \_\_\_\_\_  
Child's SSN \_\_\_\_\_  
Birth date: \_\_\_\_\_ Age \_\_\_\_\_ ☐ Male ☐ Female  
School: \_\_\_\_\_

**PATIENT INFORMATION- 2<sup>nd</sup> CHILD**

Child's Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Age \_\_\_\_\_ ☐ Male ☐ Female  
Child's SSN \_\_\_\_\_  
School: \_\_\_\_\_

**Person with child(ren) today:** \_\_\_\_\_

Do you have legal custody: ☐ Yes ☐ No

**MOTHER'S INFORMATION**

☐ Mother ☐ Step-Mother ☐ Guardian  
Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ S.S.# \_\_\_\_\_  
Address (if different) \_\_\_\_\_ Apt# \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Email: \_\_\_\_\_  
DL#: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Marital Status (Circle One): Single Married Divorced  
Preferred Contact Method: ☐ Home ☐ Cell ☐ Email

**INSURANCE INFORMATION**

**Primary Insurance:**

Policy holder's name: \_\_\_\_\_  
Policy holder's Birth date: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Employer \_\_\_\_\_  
Policy holder SSN or ID #: \_\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_

**May we send appointment reminders via text message?**

**PATIENT INFORMATION - 3<sup>rd</sup> CHILD**

Child's Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Male ☐ Female  
Child's SSN \_\_\_\_\_  
School \_\_\_\_\_

**PATIENT INFORMATION - 4<sup>th</sup> CHILD**

Child's Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Male ☐ Female  
Child's SSN \_\_\_\_\_  
School: \_\_\_\_\_

**Relationship to Child(ren):** \_\_\_\_\_

**FATHER'S INFORMATION**

☐ Father ☐ Step-Father ☐ Guardian  
Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ S.S.# \_\_\_\_\_  
Address (if different) \_\_\_\_\_ Apt# \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Email: \_\_\_\_\_  
DL#: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Marital Status(Circle One): Single Married Divorced  
Preferred Contact Method: ☐ Home ☐ Cell ☐ Email

**BILLING INFORMATION (If different from Parents)**

**Person Responsible For Account**

Name: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer: \_\_\_\_\_  
SSN: \_\_\_\_\_ DL#: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**YES or NO**