

## Patient Registration

Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Child's Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Who has legal custody of child? \_\_\_\_\_

Who is accompanying child today? \_\_\_\_\_ Relationship to child \_\_\_\_\_

Child's Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ Male Female

Name and age of sibling(s) \_\_\_\_\_

Previous Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_ Last Visit \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact Person (not living with patient) \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact's relationship to child \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Birthdate \_\_\_\_\_

Father's Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Home Phone # (if different) \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_ Father's Social Security Number \_\_\_\_\_

\_\_\_ Stepfather \_\_\_ Guardian \_\_\_ Other (Explain) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Birthdate \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Home Phone # (if different) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Mother's Social Security Number \_\_\_\_\_

\_\_\_ Stepmother \_\_\_ Guardian \_\_\_ Other (Explain) \_\_\_\_\_

Parental Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed

## Insurance Information

Primary Dental Insurance Co. \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Insured's Name \_\_\_\_\_ Insured's ID # \_\_\_\_\_

Employer \_\_\_\_\_ Group Number \_\_\_\_\_