

**Welcome to Our Office**

We are pleased to welcome your child to our practice. Please take a few minutes to fill out this form completely. If you have any questions or need assistance, we will be glad to help you. We look forward to working with you in maintaining your child's health.

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

Child's name \_\_\_\_\_  
Nickname \_\_\_\_\_  
Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Cell# \_\_\_\_\_  
Other Contact # \_\_\_\_\_  
Birth date \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
School \_\_\_\_\_

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

Child's name \_\_\_\_\_  
Nickname \_\_\_\_\_  
Birth date \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
School \_\_\_\_\_

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

Child's name \_\_\_\_\_  
Nickname \_\_\_\_\_  
Birth date \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
School \_\_\_\_\_

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

Child's name \_\_\_\_\_  
Nickname \_\_\_\_\_  
Birth date \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
School \_\_\_\_\_

**INSURANCE INFORMATION**

Primary Carrier (Please circle the appropriate answer):    Mom            Dad            Neither            No Insurance  
Insurance Company \_\_\_\_\_  
Employer \_\_\_\_\_  
Union or Local # \_\_\_\_\_ Group # \_\_\_\_\_  
Insurance Phone # \_\_\_\_\_

**PARENT INFORMATION**

**Mother's Information-** Birth date \_\_\_\_\_  
Name \_\_\_\_\_ S.S. # \_\_\_\_\_  
Address (if different) \_\_\_\_\_ Apt# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (if different) \_\_\_\_\_  
Work Phone \_\_\_\_\_ Ext \_\_\_\_\_ E-mail \_\_\_\_\_  
E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Marital Status (Circle One):    Married    Single    Divorced

**Father's Information –** Birth date \_\_\_\_\_  
Name \_\_\_\_\_ S.S. # \_\_\_\_\_  
Address (if different) \_\_\_\_\_ Apt# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (if different) \_\_\_\_\_  
Work Phone \_\_\_\_\_ Ext \_\_\_\_\_ E-mail \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Marital Status (Circle One):    Married    Single    Divorced

**How did you hear about us?** \_\_\_\_\_

**Do you utilize text messaging?** (Please circle the appropriate answer):    **Yes**    **No**

**May we send appointment reminders via text messaging?** (Please circle the appropriate answer):    **Yes**    **No**