



**CHILD 1** Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Gender  M  F

**CHILD 2** Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

**CHILD 3** Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Gender  M  F

Home Address: \_\_\_\_\_  
Street City Zip Code

Phone: ( ) \_\_\_\_\_ Whom can we thank for referring you? \_\_\_\_\_

Do parent(s) and child(ren) live together? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

*Separated parents: The parent/guardian present at initial visit will be considered responsible for this account.*

**RESPONSIBLE PARTIES**

**PRIMARY PARTY RESPONSIBLE FOR ACCOUNT**

Name: \_\_\_\_\_  
Relationship to patient: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Address if other than patient's: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_  
Insurance Carrier Phone: ( ) \_\_\_\_\_  
Group #: \_\_\_\_\_ Member ID #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SECONDARY PARTY RESPONSIBLE FOR ACCOUNT**

Name: \_\_\_\_\_  
Relationship to patient: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Address if other than patient's: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_  
Insurance Carrier Phone: ( ) \_\_\_\_\_  
Group #: \_\_\_\_\_ Member ID #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CONTACTING YOU**

Best Cell Phone to receive text message appointment confirmations: \_\_\_\_\_

Best Email Address to receive appointment confirmations: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please be sure to update our office, should any information on this form change in the future. Thank you.*