all4kids pediatric dentistry
Healthy Teeth, Happy Smiles.

Welcome to Our Office

PATIENT INFORMATION- 1st CHILD

Today's Date:_____
Child's Name:_____
Nickname:_____
Mailing Address:_____
City:_____State_____Zip_____
Home#_____Cell #_____
Child's SSN_____
Birth date:_____Age___ ☐Male ☐Female
School:_____

PATIENT INFORMATION - 3rd CHILD

Child's Name:_____
Nickname:_____
Birth date:_____Age:_____ ☐Male ☐Female
School_____

PATIENT INFORMATION- 2nd CHILD

Child's Name:_____
Nickname:_____
Birth date:_____Age___ ☐Male ☐Female
School:_____

PATIENT INFORMATION - 4th CHILD

Child's Name:_____
Nickname:_____
Birth date:_____Age:_____ ☐Male ☐Female
School:_____

Person with child(ren) today:_____
Do you have legal custody: ❑Yes ❑No

Relationship to Child(ren):_____

MOTHER'S INFORMATION

❑Mother ❑Step-Mother ❑Guardian
Name:_____
Birth Date:_____S.S.#_____
Address (if different)_____Apt#___
City:_____State_____Zip_____
Home # _____ Cell #_____
Email:_____
Occupation:_____
Employer:_____
Marital Status (Circle One): Single Married Divorced

FATHER'S INFORMATION

❑Father ❑Step-Father ❑Guardian
Name:_____
Birth Date:_____S.S.#_____
Address (if different)_____Apt#___
City:_____State_____Zip_____
Home # _____ Cell #_____
Email:_____
Occupation:_____
Employer:_____
Marital Status(Circle One): Single Married Divorced

INSURANCE INFORMATION

Primary Insurance:
Policy holder's name:_____
Policy holder's Birth date:_____
Relationship to Patient:_____
Insurance Company_____
Employer_____
Policy holder SSN or ID #:_____
Insurance Phone #_____
Do you have Secondary Insurance? YES or NO

BILLING INFORMATION

Person Responsible For Account
Name:_____
Relationship to Patient:_____
Billing Address: _____
City:_____State_____Zip_____
Employer:_____
SSN:_____ DL#:_____
Home Phone:_____ Work Phone:_____

How did you hear about our office? (Circle all that apply):

Radio Monthly Coupons Postcard Internet Insurance Friend:_____ **Other:**_____

May we send appointment reminders via text messaging?(Please circle the appropriate answer) YES or NO
***If you answered Yes, please ask a staff member for instructions on how to opt-in for text messaging**