

CHILD NEW PATIENT INFORMATION

Child's Legal Name: _____ Home Phone: _____

Preferred name (if different from legal name): _____

Social Security #: _____ Parent/Guardian work phone: _____

Birth Date: _____ Please circle: Male/Female

Home Mailing Address: _____ City: _____ Zip: _____

Mother's Name: _____ SS#: _____ Email Address: _____

Father's Name: _____ SS#: _____ Email Address: _____

Person Financially Responsible (if other than parent) _____

Their address & phone _____

It is the policy of this office that charges are paid at the time of service. We will submit dental insurance claims but you are responsible for any charges your insurance does not cover. In addition, we require a 24-hour notice to cancel an appointment. If you have canceled or missed three appointments without providing 24-hour notice, we will no longer schedule you at this office.

Please sign below to accept policy & responsibility.

Signature: _____ Date: _____

Primary Dental Insurance Coverage

Subscriber: _____ SSN: _____ Birth Date: _____

Relationship to Child: _____ Employer: _____

Insurance Company: _____ Group No.: _____

Secondary Dental Insurance Coverage

Subscriber: _____ SSN: _____ Birth Date: _____

Relationship to Child: _____ Employer: _____

Insurance Company: _____ Group No.: _____

How did you hear about us and why did you choose TSDC for your dental care? _____

When was the child's last dental visit?		X-Rays taken at last visit?	Yes/No
Is the child having any discomfort?	Yes/No	If yes, please explain?	
Has the child had braces?	Yes/No	If yes, when/for how long?	
Are the teeth sensitive to hot & cold?	Yes/No	If yes, explain:	
Are the teeth sensitive to biting or chewing?	Yes/No		
Ever had a serious injury to the face or mouth?	Yes/No	If yes, explain:	
Do gums bleed or hurt when brushed?	Yes/No		
Does child brush daily?	Yes/No	Does child use tooth paste?	Yes/No
Does child bite nails?	Yes/No		
Does child clinch or grind teeth?	Yes/No	If yes, day or night?	
Does child get sores/blisters in mouth?	Yes/No		

