# Welcome

## Patient

Patient's Full Name: _____ Male Female Age: _____

Address: _____City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Birthday: _____

IF Patient is a Minor - lives with: Mother Father Both(same household) Other: _____ Is there a court order? ____

## Patient/Responsible Party Info

RELATIONSHIP TO PATIENT Self (If self skip to **) Mother Father Other: _____

Responsible Party Name: _____ Male Female

Responsible Party Address: _____ City: _____ State: _____ Zip:_____

Home Phone: _____ Cell Phone: _____ Birthday: _____

**How long at this address: _____ Do you? Own Rent

Previous Address *(If Less Than 3 Years):*_____ City: _____ State: _____ Zip:_____

Employer: _____Occupation: _____ Years Employed: _____

Social Security #: _____ Marital Status: Single Married Divorced

Spouse's Name: _____ Spouse's Birthday: _____

Employer: _____Occupation: _____ Years Employed: _____

Social Security #: _____ Spouse's Relationship to Patient: _____

## Patient Insurance Info

Policy Holder's Name: _____ Social Security #: _____

Policy ID#: _____ Insured's relationship to patient: _____

Holder's Employer: _____ Insured DOB: _____

Insurance Company: _____ Group #: _____ Union Local #: _____

Insur. Co. Address: _____ Insur. Phone #: _____

Do you have a secondary insurance? Yes No

Policy Holder's Name: _____ Social Security #: _____

Policy ID#: _____ Insured's relationship to patient: _____

Holder's Employer: _____ Insured DOB: _____

Insurance Company: _____ Group #: _____ Union Local #: _____

Insur. Co. Address: _____ Insur. Phone #: _____

## Contact

Name of nearest relative not living with you: _____

Complete Address: _____ Phone #: _____

Relationship: _____

## Signature

Have any of your family members been seen in this office? YES NO Name: _____

Have you previously had braces? YES NO Referred By: _____

Reason for Today's Visit: _____ Email Address: _____

I understand that where appropriate, credit bureau reports may be obtained.

Signature *(Parent's Signature If Minor)*: _____ Date: _____