

FAMILY INFORMATION SHEET

CHILDREN'S INFORMATION

Child's Full Name: _____ Nick-Name: _____ DOB: _____

Child's Full Name: _____ Nick-Name: _____ DOB: _____

Child's Full Name: _____ Nick-Name: _____ DOB: _____

Child's Full Name: _____ Nick-Name: _____ DOB: _____

PARENT'S INFORMATION

Parent Name: _____ Employer: _____

Parent Name: _____ Employer: _____

BILLING AND INSURANCE INFORMATION

Please fill out the information below for the individual who is responsible for payment:

Billing Name: _____ Home Telephone: _____

Billing Address: _____ Work Telephone: _____

Insurance Co. _____ Policy # _____ Group # _____

Policy Holder Name: _____ DOB: _____

I authorize the release of any medical information necessary to process a health insurance claim form.

Authorization is given for emergency medical treatment if the office is unable to contact me effective until I can be contacted to give personal consent.

Parent /Guardian Signature: _____ Date: _____

Emergency Contact Name: _____ Phone: _____

Referred by: _____