



Treehouse Children's Dentistry

Treehouse Children's Dentistry Dentistry & Orthodontics from Toddlers to Teens

Child/Minor Information (Confidential)

Date _____

Child/Minor Last Name _____ First Name _____ Nickname _____

Gender: Male Female Birthdate _____ Age _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

School Name _____ School Phone Number _____ Grade _____

How did you hear about us? _____

Parent/Legal Guardian

Mother/Stepmother/Guardian (please circle)

Last Name _____ First Name _____ Birthdate _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Occupation _____ Social Security Number _____

Email address _____

Father/Stepfather/Guardian (please circle)

Last Name _____ First Name _____ Birthdate _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Occupation _____ Social Security Number _____

Email address _____

Financial/Insurance Information

Do you currently have dental insurance coverage for the minor child being seen in the office? Yes _____ No _____

Insurance Company Name _____ Group Number _____

Insurance Company Address _____ City _____ State _____ Zip _____

Insurance Company Phone Number _____ Plan Name _____

Subscriber Name _____ Birth Date _____ Social Security Number _____

Name of Parent/Guardian Financially Responsible _____

Emergency Contact Information

In case of an emergency, whom should we contact?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____