

# Family Information (Child Patient)

We request the following information so that we can communicate properly with the people involved with your child's orthodontic care.

**Patient's Name** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **SS#** \_\_\_\_\_ \*

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **SS#** \_\_\_\_\_ \*

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Are there situations that we should know about (divorce etc.)?** No / Yes \_\_\_\_\_

With whom does the patient live? \_\_\_\_\_

Who should receive routine information about treatment progress?

Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

**Other Adults that we should know about ?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Sibling's**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

\* I understand that this information may be used for credit reference.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_