WELLS ORTHODONTICS

Medical History Form - Child

Today's Date:

CHILD INFORMATION

Child's Last Name:	First Name:	Middle Name:

Child Prefers to be greeted as:	Social Security #:
Birth Date: / Age:	Sex: ❑ M ❑ F
Home Address:	Home #:
City: / State:	Zip Code:

School:	Grade:	Hobbies/Sports:

GENERAL INFORMATION

Whom may we thank for referring you?	
Who is accompanying the child today?	Relationship:
General Dentist:	Last Visit Date:
Other Sibling(s)/Age(s)	

PARENT INFORMATION

Who is responsible for the account:	Parents' Marital Status: ❑ Single ❑ Married ❑ Partnered ❑ Separated ❑ Widowed ❑ Divorced

❑ Father ❑ Stepfather ❑ Guardian			❑ Mother ❑ Stepmother ❑ Guardian		
Name:			Name:		
Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
SSN:	Birth Date:		SSN:	Birth Date:	
Home #:	Work #:		Home #:	Work #:	
Cell #:	Email:		Cell #:	Email:	
Employer:	Occupation:		Employer:	Occupation:	
Employer's Address:			Employer's Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
If you have Orthodontic Insurance Coverage for the Child, please fill out below:			*If you have Orthodontic Insurance Coverage for the Child, please fill out below:*		
Insurance Company:			Insurance Company:		
Insurance Address:			Insurance Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Insurance Phone #:			Insurance Phone #:		
Group #:	ID #:		Group #:	ID #:	

AUTHORIZATION

This office reserves the right to verify the credit status of potential patients and/or parents prior to extending credit for treatment fees and may, at the discretion of the office, use the services of one or more credit reporting agencies. I understand that I am responsible for payment of services rendered and also responsible for paying any co-payment and deductibles that my insurance company does not cover. I authorize the dentist to release all information necessary to secure the payment of benefits. I assign directly to the doctor all insurance benefits otherwise payable to me. I further authorize the use of this signature on all my insurance submissions, whether manual or electronic.

Signature of Parent or Guardian:	*Date:*

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