

# Hodges Orthodontics

101 North Davis St.  
Sulphur Springs, TX 75482  
903-885-2800

## CHILD PATIENT INFORMATION

Today's Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_ Sex: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Patients Interests: \_\_\_\_\_  
Patient resides with : Mother Father Both Other: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Patient's Dentist: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Describe your child's orthodontic problem: \_\_\_\_\_  
Has any member of the family had orthodontic treatment? If so, by whom: \_\_\_\_\_  
Please list names of other family members treated in our office \_\_\_\_\_  
Whom may we thank for referring you to our office? \_\_\_\_\_  
Who is accompanying the patient today? \_\_\_\_\_

## PARENTS AND ACCOUNT INFORMATION

Parent's Marital Status: Married Separated Divorced Widowed

### FATHER

### MOTHER

Name:	_____	_____
Date of Birth:	_____	_____
Address: (if different than above)	_____	_____
Phone: (if different than above)	_____	_____
E-mail Address:	_____	_____
Employer's Name:	_____	_____
Occupation:	_____	_____
Person responsible for account:	_____	_____

### *If other than parent:*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*In case of an emergency, please provide name, address, and phone number of your nearest relative:*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## INSURANCE INFORMATION

If we do not accept assignment from your insurance provider, we will gladly assist you in submitting your claim forms regarding any charge for care in our office, so that you may be reimbursed directly by your insurance carrier.

Name of Policyholder: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Insurance carrier company: \_\_\_\_\_

