



# Welcome to Valley Kids Pediatric Dentistry!

\*\*\*Please fill out the following information and return the forms by email to [office@valleykidsteeth.com](mailto:office@valleykidsteeth.com) prior to your child's dental appointment (Please submit a separate form for each child).

## Patient's Information:

Patient's Legal Name: \_\_\_\_\_  
Patient's nickname: \_\_\_\_\_ DOB: \_\_\_\_\_  
Gender \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Patient's nickname: \_\_\_\_\_ Pronouns: \_\_\_\_\_  
Physician/Medical Group Name: \_\_\_\_\_  
Previous Dentist: \_\_\_\_\_

## Responsible party/ guardian #1:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Relationship to patient: \_\_\_\_\_  
Is this individual the patient's legal guardian? Y or N, If N explain: \_\_\_\_\_  
Is this individual the emergency contact? Y or N, If N explain: \_\_\_\_\_  
Marital status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced  
Home address: \_\_\_ Same as Patient  
\_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Is this also the mailing address? Y or N, \_\_\_\_\_  
Responsible party cell phone #: \_\_\_\_\_  
Responsible party email address: \_\_\_\_\_

## Guardian #2 (if applicable)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Marital status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced  
Home address: \_\_\_ Same as patient  
\_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone #(if diff) \_\_\_\_\_  
Relationship to the patient: \_\_\_\_\_  
May we contact this individual regarding the patient's dental care: Y/N

## Primary Insurance Info: (all fields required)

Insurance Company: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_  
DOB of Policy Holder: \_\_\_/\_\_\_/\_\_\_  
Employer Name: \_\_\_\_\_

**Secondary Insurance Information (if applicable):**

Insurance Company: \_\_\_\_\_

ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

DOB of Policy Holder: \_\_\_/\_\_\_/\_\_\_

Employer Name: \_\_\_\_\_

Whom may we thank for referring to you? \_\_\_\_\_

-----*Please sign and date below*-----

*\*\*\*By signing this form I agree that the information provided in this form is correct to the best of my knowledge\*\**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date