Hawks Prairie Pediatric Dentistry 130 Marvin Road SE Suite 111 Lacey, Wa 98503 Phone (360)489-1406 Fax (360)491-1270



West Olympia Kids Dentistry 405 Cooper Point Road Suite 104 Olympia, Wa 98502 Phone (360) 688-7909 Fax (360) 352-2684

## **Patient Information**

| Child's last name:  | Date:                                      |                           |                  |
|---|--|---------------------------|------------------|
| Sex: Male   | Child's last name:                         | First name:               | Middle Initial:  |
| Home Address: Cell Phone: Work phone: E-mail address: Whom were you referred to our office by? If not referred, how did you hear about us? Parent/Guardian Information Mother Stepmother Grandparent(s) Other Guardian SSN: Birthdate: Email address: Address (If different than patient address): Home Phone (if different): Cell Phone: Work Phone: Occupation: Employer: Father Stepfather Grandparent(s) Other Guardian SSN: Birthdate: Email address: Address (If different than patient address): Address (If different): Cell Phone: Work Phone: Occupation:  | Preferred name:                            | Date of Birth:            |                  |
| Home phone: Cell Phone: Work phone: E-mail address: Whom were you referred to our office by? If not referred, how did you hear about us? Parent/Guardian Information Mother Stepmother Grandparent(s) Other Guardian SSN: Birthdate: Email address: Address (If different than patient address): Home Phone (if different): Cell Phone: Work Phone: Occupation: Employer: Father Stepfather Grandparent(s) Other Guardian SSN: Birthdate: Email address: Address (If different than patient address): Address (If different than patient address): Address (If different than patient address): Address (If different): Cell Phone: Work Phone: Occupation: | Sex: Male Female Social S                  | Security #:               |                  |
| E-mail address:   | Home Address:                              | City:                     | State: Zip Code: |
| Whom were you referred to our office by?  If not referred, how did you hear about us?  Parent/Guardian Information  Mother Stepmother Grandparent(s) Other Guardian  Name: SSN: Birthdate: Email address:  Address (If different than patient address):  Home Phone (if different): Cell Phone: Employer: Employer: Father Stepfather Grandparent(s) Other Guardian  Name: SSN: Email address: Email address: Address (If different than patient address):  Email address: Cell Phone: SSN: Email address: Cell Phone:  | Home phone: Cell Phor                      | ne: Work phone            | o:               |
| Parent/Guardian Information    Mother   Stepmother   Grandparent(s)   Other Guardian   Name:   SSN: Birthdate: Email address:   Address (If different than patient address):   Home Phone (if different): Cell Phone: Work Phone:   Employer:   Grandparent(s)   Other Guardian   Name: SSN: Birthdate: Email address:   Address (If different than patient address):   Home Phone (if different): Cell Phone: Work Phone:   Cocupation: Cell Phone: Work Phone:  | E-mail address:                            |                           |                  |
| Parent/Guardian Information    Mother   Stepmother   Grandparent(s)   Other Guardian   Name:  | Whom were you referred to our office b     | oy?                       |                  |
| Mother Stepmother Grandparent(s) Other Guardian   Name:   | If not referred, how did you hear about    | us?                       |                  |
| Name: Birthdate: Email address: Address (If different than patient address): Work Phone: Work Phone: Occupation: Employer: Employer: Stepfather Grandparent(s) Other Guardian   Name: SSN: Birthdate: Email address: Address (If different than patient address):    Home Phone (if different): Cell Phone: Work Phone:    Occupation:  | Pare                                       | ent/Guardian Informatio   | on               |
| SSN: Birthdate: Email address:  Address (If different than patient address):  Home Phone (if different): Cell Phone: Work Phone:  Occupation:  Employer:  Father _ Stepfather _ Grandparent(s) _ Other Guardian  Name:  SSN: Birthdate: Email address:  Address (If different than patient address):  Home Phone (if different): Cell Phone: Work Phone:  Occupation:   | ☐ Mother ☐ Stepmother ☐ Grand              | dparent(s) Other Guardian |                  |
| SSN: Birthdate: Email address:  Address (If different than patient address):  Home Phone (if different): Cell Phone: Work Phone:  Occupation:  Employer:  Father   Stepfather    Grandparent(s)    Other Guardian  Name:  SSN: Birthdate: Email address:  Address (If different than patient address):  Home Phone (if different): Cell Phone: Work Phone:  Occupation:   | Name:                                      | · · · · · ·               |                  |
| Home Phone (if different): Cell Phone: Work Phone:  Occupation:  Employer:  Father    Stepfather    Grandparent(s)    Other Guardian  Name:  SSN: Birthdate: Email address:  Address (If different than patient address):  Home Phone (if different): Cell Phone: Work Phone:   |  | Email address:            |                  |
| Home Phone (if different): Cell Phone: Work Phone:  Occupation:  Employer:  Father  | Address (If different than patient address | ss):                      |                  |
| Employer:  Father Stepfather Grandparent(s) Other Guardian  Name:  SSN: Birthdate: Email address:  Address (If different than patient address):  Home Phone (if different): Cell Phone: Work Phone:  Occupation:  | Home Phone (if different):                 | Cell Phone:               | Work Phone:      |
| Father Stepfather Grandparent(s) Other Guardian  Name:  SSN: Birthdate: Email address:  Address (If different than patient address):  Home Phone (if different): Cell Phone: Work Phone:  | Occupation:                                |                           |                  |
| Name:  SSN: Birthdate: Email address:  Address (If different than patient address):  Home Phone (if different): Cell Phone: Work Phone:  Occupation:  | Employer:                                  |                           |                  |
| SSN: Birthdate: Email address:  Address (If different than patient address):  Home Phone (if different): Cell Phone: Work Phone:  Occupation:   | Father Stepfather Grandpar                 | rent(s) Other Guardian    |                  |
| Address (If different than patient address):  Home Phone (if different):Cell Phone:Work Phone:  Occupation:   | Name:                                      |                           |                  |
| Home Phone (if different):Cell Phone: Work Phone:   | SSN: Birthdate: _                          | Email address:            |                  |
| Occupation:   | Address (If different than patient address | ss):                      |                  |
|   | Home Phone (if different):                 | Cell Phone:               | Work Phone:      |
|   | Occupation:                                |                           |                  |
| Employer:   | Employer:                                  |                           |                  |
|   |  |                           |                  |
| Emergency contact not living with child:  | Emergency contact not living with child    | l:                        |                  |
| Phone: ()   | Phone: ()                                  |                           |                  |
| eferred contact method:    Home Phone   Wireless Phone   Work Phone   E   | erred contact method:                      | ☐ Home Phone ☐Wire        | eless Phone      |
|   | erred contact method for confirmations:    |                           |                  |
|   |  |                           |                  |