



GOODLETTSVILLE
206 RIVERGATE PARKWAY
SUITE A
GOODLETTSVILLE, TN 37072
PHONE: 615.859.9994
FAX: 615.859.9939

NASHVILLE
2011 CHARLOTTE AVE
SUITE A
NASHVILLE TN, 37203
PHONE: 615.327.0322
FAX: 615.320.5719

MT. JULIET
5003 CROSSING CIRCLE
SUITE 100
MT. JULIET, TN 37122
PHONE: 615.553.4125
FAX: 615.553.4133

PATIENT'S NAME _____ SOCIAL SECURITY # _____

DOB _____ AGE _____ SEX _____ SCHOOL _____

PATIENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

FATHER'S NAME _____ DOB _____ SOCIAL SECURITY # _____
FATHER STEPFATHER GUARDIAN

MARTIAL STATUS: SINGLE () MARRIED () SEPARATED () DIVORCED () WIDOWER () OTHER () _____

FATHER'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

FATHER'S HOME PHONE _____ BUSINESS PHONE _____ CELL PHONE _____

FATHER EMPLOYED BY _____ OCCUPATION _____ EMAIL ADDRESS _____

MOTHER'S NAME _____ DOB _____ SOCIAL SECURITY # _____
MOTHER STEPMOTHER GUARDIAN

MARITAL STATUS: SINGLE () MARRIED () SEPARATED () DIVORCED () WIDOWED () OTHER () _____

MOTHER'S ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MOTHER'S HOME PHONE _____ BUSINESS PHONE _____ CELL PHONE _____

MOTHER EMPLOYED BY _____ OCCUPATION _____ EMAIL ADDRESS _____

NAME AND NUMBER OF NEAREST RELATIVE OR FRIEND, NOT AT THE ABOVE ADDRESS _____

WHOM MAY WE THANK FOR REFERRING YOU TO THIS OFFICE? _____

NUMBER OF CHILDREN _____ AGES _____ DENTAL CARRIER _____

NAME OF CHILD'S PHYSICIAN: _____ PHONE #: _____ DATE OF LAST EXAM: _____

PLEASE SELECT THE REASON FOR YOUR VISIT TODAY

- ROUTINE CHECKUP BLEEDING AROUND TEETH SWELLING OF FACE CROWDING OF TEETH OTHER:
 APPEARANCE OF TEETH ACCIDENT TO TEETH TOOTHACHE

HOW DO YOU FEEL YOUR CHILD WILL REACT TO THE DENTIST? _____

HAS YOUR CHILD VISITED A DENTIST BEFORE? _____

DOES YOUR CHILD RELATE WELL TO OTHER CHILDREN? _____

DOES YOUR CHILD RELATE WELL TO ADULTS? _____

DO YOU FEEL YOUR CHILD WILL NEED BRACES? _____

DO YOU FEEL YOUR CHILD WILL NEED SPECIAL CARE? _____

PARENT OR GUARDIAN SIGNATURE FOR MINOR CHILDREN _____ Relationship _____ Date _____

NOTE: No child under 18 years of age is to be left unattended. Parent or Guardian must be present during the duration of your visit. Or else no treatment will be done. **ALL PAYMENTS ARE DUE AT THE TIME OF SERVICE.**