



SHANNON HILGERS NISSEN

ORTHODONTICS

CHILD New Patient Form Page 1 of 2

Welcome To Our Office!

Dr. Nissen may wish for you to have records taken for a more detailed diagnosis. These records would not be taken without your permission or shared with others under current HIPPA guidelines.

Personal:

Patient's Name: _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____ DOB: _____ Sex: M F

Home Phone: _____ Mother's Cell Phone: _____

Email address: _____ Father's Cell Phone: _____

Has anyone in your family had orthodontic treatment? Yes _____ No _____

If yes, by whom? _____ City/State: _____

Who is your child's General Dentist? _____ City/State: _____

How did you hear about our office? How did you hear about our office? Google ___ Facebook ___ Dentist Referral ___ Patient Referral (If yes, by whom?): _____ Other: _____

Are you interested in: Braces _____ TMJ Therapy _____ Invisalign _____ Sleep Apnea _____

Parent Info:

Mother's Name: _____ Mother's DOB: _____

Step Mother's Name _____ Step Mother's DOB: _____

Father's Name: _____ Father's DOB: _____

Step Father's Name: _____ Step Father's DOB: _____

Is there any other person who may be bring your child to their appointments? Yes ___ No ___

Name: _____ Relationship to the patient? _____ Phone number: _____

Billing:

Do you have any Orthodontic Insurance Benefits? Yes ___ No ___ If yes, please complete the following:

Subscriber: _____ Relationship to the patient: _____

Primary Insurance Company: _____ Employer: _____

Subscriber DOB: _____ Subscriber ID# or SSN#: _____

Insurance phone number: _____ Group #: _____

Do you have dual insurance? Yes ___ No ___ If yes, please complete the following:

Subscriber: _____ Relationship to the patient: _____

Secondary Insurance Company: _____ Employer: _____

Subscriber DOB: _____ Subscriber ID# or SSN#: _____

Insurance phone number: _____ Group #: _____

I consent to photographs being taken of my child. That they may be used for illustration/ documentation of treatment.

Parent or Legal Guardian Signature: _____ Date: _____