"Your Child's Care is Our Focus!"

Patient Information:

Name: ____________________
DOB: (DD/MM/YY) ____________________

Sex: □ Male □ Female
Address: ____________________
City: ____________________
Postal Code: ____________________
Home Telephone: ____________________
Other Telephone: ____________________
MSP #: ____________________

Refered by: □ Dentist □ Friend
□ Internet □ Postcard
□ Drive-by □ BC Parent
□ WestCoast Families
□ Other ____________________

Family Dentist's name & contact:
____

Family Doctor's name & contact:
____
____

Names of siblings at this office:
____
____
____

Insurance Information:

□ None
□ Healthy Kids Program
Amount used $ ________ as of date ______
□ Child in Care
□ Insurance through work

Primary Policy Holder #1:

DOB: (DD/MM/YY) ____________________
Insurance Company: ____________________
____
Group No.: ____________________
Div.: ____________ SIN: ____________
ID No.: ____________________
Employer: ____________________
Annual Max. Limit: $ ___________/person
$___________/family
Recall frequency: □ 6 mth □ 9 mth □ 12 mth

Primary Policy Holder #2:

Insurance Company: ____________________
____
Group No.: ____________________
Div.: ____________ SIN: ____________
ID No.: ____________________
Employer: ____________________
Annual Max. Limit: $ ___________/person
$___________/family
Recall frequency: □ 6 mth □ 9 mth □ 12 mth

Mother/Guardian #1:

Name: ____________________
DOB: (DD/MM/YY) ____________________
Sex: □ Male □ Female
Address: ____________________
City: ____________________
Postal Code: ____________________
Home Telephone: ____________________
Mobile: ____________________
Business: ____________________
E mail address: ____________________
Occupation: ____________________
Martial Status: ____________________

Father/Guardian #2:

Name: ____________________
DOB: (DD/MM/YY) ____________________
Sex: □ Male □ Female
Address: ____________________
City: ____________________
Postal Code: ____________________
Home Telephone: ____________________
Mobile: ____________________
Business: ____________________
E mail address: ____________________
Occupation: ____________________
Martial Status: ____________________

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