



**Child New Patient
Parent Directions for Electronic Questionnaires**

Read All Of The Steps Below Prior To Filling Out Forms

1. The parent must fill out a Patient Information Form for each child.
 - a. Press submit at the end of the form.
 - b. Return to the “Electronic Forms” page on beachdds.net.
 - c. Read #2 and #3 below if 2 or more children are to be seen as New Patients.
 - d. Start the next child’s form (if more than one child).
2. Only fill out the form FULLY on the first child’s form. (All address, insurance, employment info.)
3. On subsequent child/children Patient Information forms, fill in only:
 - a. Subsequent child info (name, DOB, etc) on first page of the Patient Information form.
 - b. “Person Responsible For Payment”, Check box.
 - c. Enter first, middle and last name of Responsible Party.
 - d. Date of Birth of Responsible Party.
- 4. ALWAYS PRESS SUBMIT WHEN YOU ARE FINISHED WITH A FORM.**