



A CARING DENTAL GROUP

Please complete the following confidential information: Today's date: _____

TELL US ABOUT YOUR CHILD

Child's Name _____ Nickname _____ Male Female
Child's Birthday _____ Age: _____ SSN: _____
Child's home address: _____
Phone # _____

School: _____ Phone # _____
Child's Physician: _____ Phone # _____
Who was your child's former dentist? _____

Does your child have any oral habits? **Please circle**
Thumb sucking Lip-biting Nail Biting Nursing bottle habits
Whom may we thank for referring you? _____

Mother's Information: SSN _____ Father's Information: SSN _____
Name _____ Birthday _____ Name _____ Birthday _____
Dental Ins: _____ Group # _____ Dental Ins: _____ Group # _____
Employer _____ Employer _____
Work # _____ Work # _____
Home address if different from child _____ Home address if different from child _____

Marital status _____ Marital status _____

Other family members seen by us: _____
Closest relative: _____ Address _____
In case of emergency, whom should we contact? _____

Medical History:
Is your child in good health: Yes No
Any hospital stays? Yes No if so, what for? _____

Has your child been immunized for:
Diphtheria, Whooping cough (Pertussis) and Tetanus. Yes No
Polio Yes No
Measles and German Measles (Rubella) Yes No

Has your child had a DPT and Polio Booster?
At 1 - 2 years Yes No
At 3 - 4 years Yes No
Diphtheria and Tetanus (adult type) every 10 years thereafter Yes No
Has your child been put to sleep for medical/dental treatment? Yes No
Is your child allergic to any drugs? Yes No

If yes, please list _____
Does your child have a problem with any of the following? (Please circle)
School epilepsy kidney HIV/AIDS
Seizures asthma cleft palate liver nervousness
Tuberculosis cerebral Palsy heart murmur hemophilia cancer

Are there any other conditions we should be aware of?
If yes, please list. _____

I understand that the information that I have given is correct to the best of my knowledge, and I am responsible to inform the office of any changes in my Child's medical status.

Parents Signature _____