Child's Registration and History

Welcome

Today's Date ____________________
Child's Name ____________________
First M Last
Nickname ____________________

❑ Male ❑ Female

Date of Birth ____________________

Home Address ____________________

____

Home Phone # ____________________

School ____________________

Grade ____________________

SS# ____________________

Who is Accompanying the Child Today?
Name ____________________
Relation ____________________

Whom May We Thank For Referring You?

Name ____________________

Other Family Members Seen By Us ____________

Previous or Present Dentist ____________

Date of Last Visit to a Dentist ____________

For What Service ____________________

Do You Have Dental Insurance? ❑ Yes ❑ No
Name of Carrier ____________________

Child's Physician ____________________

Phone # ____________________

Address ____________________

Date of Last Examination ____________

What is Your Child's Favorite:
Toy ____________________

Sport ____________________

Fictional Character ____________________

1st Parent ____________________
or Mother's Name

Home # ____________ Cell # ____________

Email: ____________________

Employer ____________ Work# ______

SS# ____________________

Date of Birth ____________________

If applicable:

❑ Step Parent ❑ Legal Guardian

2nd Parent ____________________
or Father's Name

Home # ____________ Cell # ____________

Email: ____________________

Employer ____________ Work# ______

SS# ____________________

Date of Birth ____________________

If applicable:

❑ Step Parent ❑ Legal Guardian

Parent's Martial Status

❑ Single ❑ Married ❑ Widowed
❑ Divorced ❑ Separated ❑ Partners

Our office is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC, and the ADA.

Medical History

Is your child currently under the care of a physician?

❑ Yes ❑ No

If "Yes", for what (other than routine examinations)?

____

Please describe the child's current physical health:

____

Please discuss any medical condition that the child has:

____

____

Please list all drugs or medication that the child is currently taking:

____

Please list all drugs or medications that the child is allergic to:

____

Are there any other allergies: food, pollen, animals, dust...

____

____

Has the child ever had any of the following medical problems?

Y N Heart murmur
Y N Congenital heart defect
Y N Kidney/Liver problems
Y N Hemophilia
Y N Abnormal Bleeding
Y N Anemia
Y N Mononucleosis
Y N Convulsions/Epilepsy
Y N Fainting
Y N Thyroid problems
Y N Mastoid problems
Y N Diabetes
Y N Cancer
Y N Rheumatic fever
Y N HIV+/AIDS
Y N Hepatitis
Y N Tuberculosis
Y N Asthma/Chronic sinus
Y N Chicken pox
Y N Measles
Y N Mumps
Y N Handicap/disabilities
Y N Hearing impairment
Y N Any injuries to the head
Y N Operations
Y N Any stays in the hospital
If "Yes", why?

____

Dental History

Are there problems associated with previous dental work?
❑ Yes ❑ No

Is the child's water fluoridated?
❑ Yes ❑ No

Is the child taking fluoride supplements?
❑ Yes ❑ No

Does the child brush their teeth daily?
❑ Yes ❑ No

Floss their teeth daily?
❑ Yes ❑ No

Do you (or someone else) assist with brushing?
❑ Yes ❑ No

Does the child have any of the following habits...
Y N Nursing / Bottle Habits
Y N Pacifier / Other Habits
Y N Thumb / Finger Sucking
Y N Lip Sucking / Biting
Y N Nail Biting / Cheek Biting

Any other oral habits? ______________________________

Are there any unusual speech problems?
❑ Yes ❑ No

Do you desire complete dental service for the child
(exam, cleaning and x-rays if needed)?
❑ Yes ❑ No

May we request your child's medical/dental records for our reference?
❑ Yes ❑ No

Why did you bring your child to the dentist today?

____

____

____

The Parent or Guardian who accompanies the child is responsible the child is responsible for payment at the time of services in the form of check, cash, or credit card unless prior arrangements are made.

I understand that the information given is correct to the best of my knowledge, that it is confidential and it is my responsibility to notify the office of any changes in the information given in this form.

______________________________ ______________________________ ______________________________

Signature Relation to Child Date