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PEDIATRIC DENTISTRY

CONTINUAL HEALTH STATUS REPORT

Please check here if there is no change

Child's Name _____ Age _____

Parent's Name _____

Address _____ (City) _____ (Zip) _____

Cell phone _____ Home phone _____

Mother's or first parent current employer _____ Work Phone _____

E-mail _____

Father's or second parent current employer _____ Work Phone _____

E-mail _____

To assist us in keeping your child's medical history up to date, would you please answer the following questions:

1. Has your child seen his/her physician since your last visit? YES ___ NO ___
If so why? _____

2. Has your child's medical history changed since your last visit? YES ___ NO ___
If so why? Any allergies? _____

3. Is your child taking any medication at the present time? YES ___ NO ___
If so what and why? _____

4. Has your child received any injections within the last year? YES ___ NO ___
If so what? _____

5. Any injury to head or neck in last 6 months? YES ___ NO ___
If so what? (ex. front teeth) _____

Cause of injury (ex. car accident, bike, door, etc.) _____

6. Any dental problems developed or developing that you are aware of? YES ___ NO ___

7. Other dental or medical related concerns or problems YES ___ NO ___
If so what? _____

In order to continue to provide the best possible care of your child would you please offer your comments below:

1. Do you feel you and your child are well-treated in our office? YES ___ NO ___
If not, why not? _____

2. What do you like most about your treatment in our office?

Date _____ Signed _____ Relationship _____

**AUTHORIZATION FOR A DESIGNATED ADULT TO
CONSENT FOR AND ACCOMPANY MINOR PATIENT**

I, _____, the father/mother/legal guardian of
(Name of parent or guardian)

_____ authorize _____ to
(Name of child) (Adult 18 years or older who will accompany child)

accompany my child (or legal ward) for whom I am empowered to
consent; and to give consent for any necessary dental procedures,
including dental x-rays if indicated. This authorization will remain
in effect until such time as I give notice of its termination.

(Signature of parent or legal guardian)

(Date)