

Does your child have a history to any of the following medical conditions?

ADD/ADHD	Congenital Heart Defects	Immune Disorders
Asthma	Cardiac Issues/Heart Issues	Seizures
Autism/PDD	Convulsions/Epilepsy	Brain Injury
Behavioral Concerns	Diabetes	Glandular Issues
Bleeding Disorders	Learning Disabilities	Rheumatic Fever
Blood Transfusions	Heart Murmur	Respiratory Issues
Cancer	HIV/AIDS	
Chronic Ear Infections	Kidney/Liver Condition	
Cleft Lip/Palate	Requires Antibiotic Prophylaxis	
Craniofacial Syndrome	Other	

Please discuss all of the medical problems circled above: _____

Has your child had surgery or prior hospitalizations? _____

DENTAL HISTORY

Has your child received dental care before? _____

Name and address of former dentist: _____

How long since last dental visit? _____

Was the last visit pleasant or unpleasant? _____

Please describe: _____

When were last x-rays taken? _____

Has your child experienced any major injury to face or teeth? _____

Please describe _____

Does your child have any oral habits (pacifier/thumb, finger or lip sucking etc)? _____

Any family history of missing or extra teeth? _____

Is your water fluoridated? _____

FINANCIAL INFORMATION:

Person responsible for account: _____

Relationship to patient: _____

Social Security Number: _____

Home Address (if different from child's) _____

Name of Insurance Company: _____

Insurance ID Number: _____

Group Number: _____

Insured Named: _____

Insured Date of Birth: _____

Name of Insured's Employer: _____

Business Telephone Number: _____

AUTHORIZATION:

I agree that the information that I have given is correct and to the best of my knowledge. I also understand that this information will be held in the strictest of confidence and that it is my responsibility to inform this office of any changes in my child's medical status.

I authorize the dental staff to perform all necessary dental services.

I understand that I am financially responsible for all fees charged for treatment rendered to my child, whether or not paid for or covered by insurance.

Signature of parent/guardian

Date