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4	We are pleased to welcome you and your child to our practice. Please take a few minutes to fill out this form as completely. If you have questions we'll be glad to help you. We look for working with you in maintaining your child's dental health.	as you can.
PATIENT INFORMATION	DateSS/HIC/Patient ID # Name of Minor/Child Last Name First Name	Birthdate Sex M F Age Middle Initial Phone ()
	Home Address Street City Mailing Address Street City School Name Person financially responsible Home (Whom may we thank for referring you?	State Zip School Phone ()
INSURANCE	Father's/Guardian's NameAddress (if different from patient's)	Mother's/Guardian's NameAddress (if different from patient's)
	Home () Work () (if different from above) E-mail Employer	Home () (if different from above) Work () (if different from above) E-mail Employer
	Soc. Sec. # Birthdate Do you have dental insurance coverage for minor/child?	Soc. Sec. # Birthdate Do you have dental insurance coverage for minor/child?
RV	Group # Policy # Is your child eligible for treatment under Medical Assistance? Date of last visit to a dentist	TOTAL THE COURSE OF STREET
DENTAL HISTOR	YES NO Has child complained about dental problems? Does child brush teeth daily? Does child use floss every day?	Any unhappy dental experiences? YES NO Is fluoride taken in any form?
	Any mouth habits - thumbsucking, nail biting, mouth breathing, pacifier, sle	eeping with bottle, etc?

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Date of last physical examin	ation	Re:	sults	<u> </u>	
ls Minor/Child under care of	physician now?	YES NO	Medications		
					NA SERVICE
	r drugs?			WAY	
Ever had surgery?		🗆 🗆	Allergies		
s there excessive bleeding	when cut?	🗆 🗆	·		
las minor/child had any his	tory of or difficulty with any of	the following? If	yes, please che	eck 🖍).	
☐ A.I.D.S./H.I.V.	☐ Cerebral Palsy	☐ Epilepsy		☐ Kidney Disease	☐ Rheumatic Fever
☐ Anemia	☐ Chicken Pox	☐ Fainting		☐ Liver Disease	☐ Sinus Problems
☐ Asthma	☐ Convulsions	☐ Hearing		☐ Measles	☐ Thyroid Disease
☐ Bladder Problems	Diabetes	☐ Heart Pr		☐ Mononucleosis	☐ Tuberculosis
Cancer	☐ Drug/Alcohol Abuse	☐ Hepatitis		☐ Mumps	☐ Other
the event of an emergenc	y, whom should we contact?				
ame			-		Phone ()
ame	88 () 42(2)	Rel	lationship		Phone ()
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