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We are pleased to welcome you and your child to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with your child.

## PATIENT INFORMATION

Child's Name				Soc. Sec. #	
	Last Name	First Name	Initial		
Address					
City		State	_ Zip	Home Phone	
Cell Phone		Email			
Sex D M D F A	.ge				
Grade		Hobbies/Sports			
Whom may we that	ank for referring you?_				
Notify in case of e	mergency			Home Phone	
Business Phone_		Cell Phone		Email	

## PRIMARY INSURANCE

date Zip	
e Zip	Home Phone
	Home Phone
il	
	Occupation
	Business Phone
Insurance	ce Email
	Phone
	Subscriber #
	Insurance

## ADDITIONAL INSURANCE

□ Yes □ No			
Relation to Ch	nild	Birthdate	
		Soc. Sec. #	
State	Zip	Home Phone	
Email			
		Business Phone	
	Insurance Email		_
		Phone	
Group #		Subscriber #	
	State Email	Relation to Child State Zip Email Insurance Email	Relation to Child  Birthdate    Soc. Sec. #

Please complete both sides.

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What would you like us to do t	for your child today?					m
Former Dentist	A		1. 2			Inne
	F					Suppose
						andinas
	sh?					
Does your child experience pai	in or discomfort in the jaw joint?					$\subseteq$
Has your child ever experience	d a mouth or chin injury? 🗆 Y					
Does your child have speech p	roblems?					CT-1
Has your child ever experience	d an adverse reaction during or	in conjunction	with a medical or dent	al procedur	e? 🗆 Y 🗆 N	2.1
	uth or teeth: 🖵 Thumb sucking					Z
	child's dental health or previous t	Service and the service of the				
						$\leq$
		-				~
	MEDIC	CAL HISTOP	RY			-
Child's Physician			Phone			$\leq$
Physician's Email						5
Carried B.	Has your child				D N C	
f yes, describe			N 14971 W			-
	hysician care? 🗅 Y 🗅 N If	ves, describe				Z
S	All and the second seco	27	oximate dates			0
las vour child ever had a bloo						
2						
las your child ever taken Fen-	Phen/Redux? 🗀 Y 🗆 N					~
las your child ever taken Fen- Check ( ✓ ) yes or no whether	Phen/Redux?	ollowing:	Hemophilia/		Shortness of breath	0
Has your child ever taken Fen- Check ( ✓ ) yes or no whether ⊇ Y □ N AIDS/HIV Positive	Phen/Redux?	ollowing:	Hemophilla/ Abnormal bleeding		Shortness of breath Sinus problems	CA
las your child ever taken Fen- Check ( ✓ ) yes or no whether	Phen/Redux?	ollowing:	Hemophilia/ Abnormal bleeding Immunizations current		Sinus problems	CAN
Has your child ever taken Fen- Check (✓) yes or no whether I Y □ N AIDS/HIV Positive I Y □ N Anemia	Phen/Redux?	ollowing: o Y o N o Y o N	Abnormal bleeding Immunizations current Kidney disease or		Sinus problems	CAV
Has your child ever taken Fen- Check ( ✓ ) yes or no whether IIY IIN AIDS/HIV Positive IIY IIN Anemia IIY IIN Asthma	Phen/Redux? IY IN your child has had any of the fo IY N Cough up blood Y N Diabetes IY N Epilepsy	ollowing:	Abnormal bleeding Immunizations current Kidney disease or malfunction	0 Y 0 N 0 Y 0 N 0 Y 0 N	Sinus problems Skin rash Spina Bifida Thyroid disease or	CAVI
Has your child ever taken Fen- Check ( ✓ ) yes or no whether I Y I N AIDS/HIV Positive I Y I N Anemia I Y I N Asthma I Y I N Atopic (allergy prone)	Phen/Redux? Y N your child has had any of the fo Y N Cough up blood Y N Diabetes Y N Epilepsy Y N Fainting	ollowing:	Abnormal bleeding Immunizations current Kidney disease or	0 Y 0 N 0 Y 0 N 0 Y 0 N 0 Y 0 N	Sinus problems Skin rash Spina Bifida Thyroid disease or malfunction	CAVIT
Has your child ever taken Fen- Check (✓) yes or no whether Y □ N AIDS/HIV Positive Y □ N Anemia Y □ N Asthma Y □ N Atopic (allergy prone) Y □ N Blood disease Y □ N Cancer Y □ N Chicken Pox	Phen/Redux? IY IN your child has had any of the fo IY IN Cough up blood IY N Diabetes IY N Epilepsy IY N Fainting IY N Food allergies	ollowing:	Abnormal bleeding Immunizations current Kidney disease or malfunction Liver disease Material allergies (latex, wool, metal,		Sinus problems Skin rash Spina Bifida Thyroid disease or malfunction Tonsillitis	CAVITI
Has your child ever taken Fen- Check (✓) yes or no whether IY IN AIDS/HIV Positive IY IN Anemia IY IN Asthma IY IN Atopic (allergy prone) IY IN Blood disease IY IN Cancer IY IN Chicken Pox IY IN Convulsions/Epilepsy	Phen/Redux? Y N your child has had any of the fo Y N Cough up blood Y N Diabetes Y N Epilepsy Y N Fainting Y N Food allergies Y N Headaches Y N Hearing Impairment Y N Heart problems	ollowing: Y C N Y N Y N Y N Y N Y N Y N	Abnormal bleeding Immunizations current Kidney disease or malfunction Liver disease Material allergies (latex, wool, metal, chemicals)		Sinus problems Skin rash Spina Bifida Thyroid disease or malfunction Tonsillitis Tuberculosis	CAVITIE
Has your child ever taken Fen- Check (✓) yes or no whether Y □ N AIDS/HIV Positive Y □ N Anemia Y □ N Asthma Y □ N Atopic (allergy prone) Y □ N Blood disease Y □ N Cancer Y □ N Chicken Pox	Phen/Redux? Y N your child has had any of the fo Y N Cough up blood Y N Diabetes Y N Epilepsy Y N Fainting Y N Food allergies Y N Headaches Y N Hearing Impairment	ollowing: Y O N Y O N Y O N Y O N Y O N	Abnormal bleeding Immunizations current Kidney disease or malfunction Liver disease Material allergies (latex, wool, metal, chemicals) Respiratory disease		Sinus problems Skin rash Spina Bifida Thyroid disease or malfunction Tonsillitis Tuberculosis	CAVITIES
Has your child ever taken Fen- Check (✓) yes or no whether IY IN AIDS/HIV Positive IY IN Anemia IY IN Asthma IY IN Atopic (allergy prone) IY IN Blood disease IY IN Cancer IY IN Chicken Pox IY IN Convulsions/Epilepsy	Phen/Redux? Y N your child has had any of the fo Y N Cough up blood Y N Diabetes Y N Epilepsy Y N Fainting Y N Food allergies Y N Headaches Y N Hearing Impairment Y N Heart problems Describe	ollowing: Y O N Y O N Y O N Y O N Y O N	Abnormal bleeding Immunizations current Kidney disease or malfunction Liver disease Material allergies (latex, wool, metal, chemicals)	Y N Y N Y N Y N Y N Y N Y N Describe	Sinus problems Skin rash Spina Bifida Thyroid disease or malfunction Tonsititis Tuberculosis Other	CAVITIES

I authorize the dentist to release all information necessary to secure the payment of benefits. I understand that I am financially responsible for all charges whether or not paid by insurance.

Signature \_

C SmartPractice

Payment is due in full at time of treatment, unless prior arrangements have been approved.

#80-783R1

Date