

Pediatric Dental Care
Health and Information Status Form

Child (ren)'s Name(s): _____ Ages: _____

Parent/Guardian Name: _____

Address: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

Email address: _____

****To assist us in keeping your child(ren)'s medical history up to date, please answer the following questions:**

1. Who is your child's current family Physician? _____

2. Has your child's medical history changed since your last visit to this office? Yes: _____ No: _____

Please explain: _____

3. Is your child taking any medication at the present time? Yes: _____ No: _____

If so, why & name of medication: _____

4. Has your child had any injury to the head or neck in the last 6 months? Yes: _____ No: _____

If so, please explain: _____

5. Have you ever been told by a doctor that your child has a heart murmur or other physical condition that may require premedication with an antibiotic? Yes: _____ No: _____

Please explain: _____

6. Is your child currently in orthodontics (braces)? Yes: _____ No: _____ if so Dr.'s name? _____

7. Parent's Marital Status? (please circle one): Single Married Widowed Separated Divorced Other

8. Dental Insurance Coverage - if applicable

Name of Dental Insurance Company: _____

Subscriber's Name: _____ Subscriber's Birthdate: _____

Employer: _____ Policy or Group # _____

Subscriber's ID # _____ Subscriber's SSN# _____

Dental Insurance Company Address: _____

Please feel free to offer any comment or suggestions pertaining to your child's care or your personal treatment in our office _____

DATE: _____ SIGNED: _____