

	N						DATE:
		F	atient's DO	B:	ľ	Male or	Female
Name/relationship of	onsible for this account:		DOB:	(Cell #:		
•						7+h a = 44.	
						Other #:	
Address:			City:		State:		Zip:
Name of Employer:			1	Social Sec	urity #:		
Insurance Info:			Insurar	nce ID #:			
E-mail:			Whom	may we tha	ank for r	referring	g you?
Why are you here toda	v? Evar	m Toothach	ne Decay	/ Trauma	Oth	ρr	
	•		•				
Child's Physician:							
Previous Hospitalization	ns/ surgerie	s/ serious illne	esses/ Wher	1?			
· 			rse reaction Yes				s, please de
s your child currently t	aking any m	nedications?					s, please de
Is your child currently t	aking any m	nedications?	Yes		yes plea	ase list)	
Is your child currently t Has your child ever had Asthma	aking any m d any of the Y/N	nedications? • following? How oft	Yes en does you	No (If	yes plea	ase list)	
Is your child currently t Has your child ever had Asthma Handicaps/Disabilities	aking any m d any of the Y/N Y/N Y/N	redications? following? How oft How oft Is your o	Yes en does you en does you child's water	No (If r child brush r child floss fluoridated	yes plea	ase list)	Y/N
Is your child currently to the second	aking any m d any of the Y/N Y/N	redications? following? How oft How oft Is your of Does yo	Yes en does you en does you hild's water ur child take	No (If r child brush r child floss	yes plea	ase list)	Y/N
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Does your child have all ls your child currently to the last your child ever had a sthma. Handicaps/Disabilities Respiratory Infections Fainting Spells Hepatitis Diabetes HIV/AID Rheumatic Fever Hemophilia Heart Problems Abnormal Bleeding Brain or Nerve Injury	aking any m d any of the Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/	How oft How oft Is your of Does yo Suck Thu Suck/Bite Chew Ha Bite/ Che Grind Tec	Yes en does you en does you child's water ur child take our child: umb/ Finger e Lip rd Objects (jew Nails eth	No (If or child brush or child floss? fluoridated e fluoride su pencils, etc.)	yes plea	nts? Y / Y / Y / Y / Y / Y /	Y / N Y / N N N N N
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I certify that I have read and understand the above information. To the best of my knowledge, the above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health.