WELCOME

We would like to welcome you and your child to our office. Our goal is to make every child's visit pleasant and educational. We strive to teach good oral care that will enable your child to have a beautiful smile that lasts a lifetime.

TELL US ABOUT YOUR CHILD

Child's Name____ Nickname______________________

Child's Address______________________________City_______________ OH Zip_______________

Child's Birth date___________________ Male Female

Child's Weight______________ Is this the child's first dental visit? Yes No

Child's Hobbies / Sports____

School____________________________ Grade____________ Pets___________________

WHO IS ACCOMPANYING YOUR CHILD TODAY?

Name____ Relationship_______________________

Do you have legal custody of this child? Yes No Phone #___________________________

Who is responsible for making appointments?____

Who is financially responsible for this account?____

Address____ Phone#_________________________

____ Work #_________________________

Is child covered under a dental insurance plan? Yes No Birthday:____________________

Subscriber name_____________________________________ SS#__________________________

Insurance Company__________________________________ Group #_____________________

Insurance Company phone#___________________________ Employer____________________

MEDICAL HISTORY

Has your child had any of the following medical problems? **Circle all that apply**

Abnormal bleeding	Hearing Impaired	Handicaps / Disabilities
Asthma	Heart Murmur	Mitro Valve Prolapse
Cancer	Hemophilia	Rheumatic Fever
Congenital Heart Defect	Hepatitis	Tuberculosis
Epilepsy	HIV+ / AIDS	
Diabetes	Kidney / Liver Problems	

Any allergies to any medications? If so, what?____

Physician's name_____________________________ Phone #____________________________

Is there anything in the child's medical history we should be aware of?

____

Is the child having any dental problems?____

How often does he/she brush_________________ Thumb Sucker? Yes No

Signature of Parent / Guardian_______________________________ **Date**___________