Child / Minor Registration

Today's Date:				
Child's name:	Birthdate:	Nick	name:	
School:	Grade:			
Who is accompanying the child toda	ay?			
Name:	Relation:	Relation: Legal custody of child?		
Who may we thank for referring you?				
Previous dentist:	Date of last visit:			
Person Responsible for Account				
Name:	Relation:			
Billing Address:		City:	State/zip:	
Employer:	SS#		DL#	
Home phone:	Work phor	ne:	ext	
Dental Insurance Information				
Insurance Company Name:	CHE TO HOUSE HE	English American		
Ins. Co. Address:	THE PERSON NAMED IN COLUMN			
Group #		Policy#		
Insured's Name:	Relationship to patient:			
Insured's Birthday:	SS#	Employ	yer:	
Physician Information				
Name of child's physician:		Phone#		
Date of last physical:	Balleal Be	(Over please	e!)	

-Medical / Dental History-

2. Is the child's water fluoridated? Y N 3. Does the child brush their teeth daily? Y N 4. Is the child currently under the care of a physician? Y N 5. Please indicate the child is currently taking: 7. Please list any allergies: 8. Purpose for today's dental visit: Has your child had any of the following medical problems? Y N Heart Murmur Y N Cancer Y N Diabetes Y N Rheumatic Fever Y N HIV / AIDS Y N Hepatitis Y N Tuberculosis (TB) Y N Heart Defects Y N Convulsions / Epilepsy Y N Abnormal Bleeding Y N Any Operations or Hospital Stays Y N Allergies to any Drugs Please indicate any serious medical problems that the child has had: Y N Thumb / Finger Sucking Y N Lip sucking / Biting Y N Nail Biting Y N Gum chewing I understand that the information that I have given is correct to the best of my knowledge, that it will be held in the strictest of confidence, and it is my responsibility to inform this office of any changes in my child's medical status. I also authorize the dental staff to perform the necessary dental services my child may need. Signature: Date:			the child ever had a serious / difficult problem associated with dental work? Y N				
4. Is the child currently under the care of a physician? Y N 5. Please indicate the child's current physical health: Good Fair Poor 6. List all drugs the child is currently taking: 7. Please list any allergies: 8. Purpose for today's dental visit: **Has your child had any of the following medical problems?** W N Heart Murmur Y N Cancer Y N Diabetes Y N Rheumatic Fever Y N HIV / AIDS Y N Asthma Y N Hepatitis Y N Tuberculosis (TB) Y N Heart Defects Y N Convulsions / Epilepsy Y N Abnormal Bleeding Y N Any Operations or Hospital Stays Y N Handicaps or Disabilities Y N Allergies to any Drugs Please indicate any serious medical problems that the child has had: Y N Thumb / Finger Sucking Y N Lip sucking / Biting Y N Nail Biting Y N Gun chewing I understand that the information that I have given is correct to the best of my knowledge, that it will be held in the strictest of confidence, and it is my responsibility to inform this office of any changes in my child's medical status. I also authorize the dental staff to perform the necessary dental services my child may need.		2. Is the child's water fluoridated? Y N					
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Y N Rheumatic Fever Y N HIV / AIDS Y N Asthma Y N Hepatitis Y N Tuberculosis (TB) Y N Heart Defects Y N Convulsions / Epilepsy Y N Abnormal Bleeding Y N Any Operations or Hospital Stays Y N Handicaps or Disabilities Y N Allergies to any Drugs Please indicate any serious medical problems that the child has had: Y N Thumb / Finger Sucking Y N Lip sucking / Biting Y N Nail Biting Y N Mail Biting Y N Gum chewing I understand that the information that I have given is correct to the best of my knowledge, that it will be held in the strictest of confidence, and it is my responsibility to inform this office of any changes in my child's medical status. I also authorize the dental staff to perform the necessary dental services my child may need.	Y	N	Cancer				
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