

# Welcome

Please tell us about you and your child

## Your child

Child's Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Nickname \_\_\_\_\_  
Birthdate \_\_\_\_\_ SS# \_\_\_\_\_ School \_\_\_\_\_  
Child's Home Phone \_\_\_\_\_ Address \_\_\_\_\_  
Contact Phone \_\_\_\_\_  
Other Siblings seen by us \_\_\_\_\_

## Dental and Medical History

Main dental concern \_\_\_\_\_ Last Dental visit \_\_\_\_\_  
Who with \_\_\_\_\_ What was done \_\_\_\_\_ Were There any  
Problems \_\_\_\_\_  
Is the child taking any medication \_\_\_\_\_ Please List \_\_\_\_\_  
Allergies \_\_\_\_\_ Please discuss \_\_\_\_\_  
Heart Problems \_\_\_\_\_ Please discuss \_\_\_\_\_  
Blood Problems \_\_\_\_\_ Please discuss \_\_\_\_\_  
Kidney or Liver Problems \_\_\_\_\_ Please discuss \_\_\_\_\_  
Handicaps/Disabilities \_\_\_\_\_ Please discuss \_\_\_\_\_  
Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ Thumbsucking \_\_\_\_\_ Pregnant \_\_\_\_\_ How long \_\_\_\_\_

## Parents

Parents marital status Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

**Father** \_\_\_\_\_ Stepmother \_\_\_\_\_ Guardian \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
SS# \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ Cell/Other \_\_\_\_\_  
Employer and Address \_\_\_\_\_

**Mother** \_\_\_\_\_ Stepmother \_\_\_\_\_ Guardian \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
SS# \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Cell/Other \_\_\_\_\_  
Employer and Address \_\_\_\_\_