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CHILD HEALTH HISTORY

NAME:_____ NICKNAME:_____
RESIDENCE ADDRESS:_____
CITY:_____ STATE:_____ZIP:_____
AGE:_____ DATE OF BIRTH:_____ SCHOOL:_____
FATHER'S NAME:_____ MOTHER'S NAME:_____
FATHER EMPLOYED BY:_____
BUSINESS PHONE:_____ HOME & CELL PHONE:_____
MOTHER EMPLOYED BY:_____
BUSINESS PHONE:_____ HOME & CELL PHONE:_____
WHO WILL PAY FOR THIS ACCOUNT?:_____
RELATIONSHIP TO CHILD:_____
POLICY HOLDER'S NAME/ SS#/ DOB:_____
WHO REFERRED YOU?:_____

DENTAL HISTORY

DATE OF LAST DENTAL VISIT:_____ WHAT WAS DONE?:_____
HAS CHILD COMPLAINED ABOUT DENTAL PROBLEMS?:_____
ANY UNHAPPY DENTAL EXPERIENCES?:_____
DOES YOUR CHILD BRUSH TEETH DAILY?:_____ DO YOU ASSIST?:_____
IS DENTAL FLOSS EVER USED?:_____
CHILD'S ATTITUDE TOWARDS DENTIST:_____
CHILD'S PHYSICIAN:_____ LAST EXAM:_____
ANY ALLERGIES TO MEDICINES?:_____
ALLERGIES TO FOOD, POLLEN, ANIMALS, DUST, ETC.?:_____
ANY EMOTIONAL PROBLEMS?:_____

HAS CHILD HAD ANY HISTORY OF, OR DIFFICULTY WITH ANY OF THE FOLLOWING?

ANEMIA:_____ CHRONIC SINUS:_____ HEARING:_____ MASTOID:_____
RHEUMATIC FEVER:_____ ASTHMA:_____ CONVULSIONS:_____ HEART:_____
MEASLES:_____ THYROID:_____ BLADDER:_____ DIABETES:_____ KIDNEY:_____
MONONUCLEOSIS:_____ TUBERCULOSIS:_____ CEREBRAL PALSY:_____
EPILEPSY:_____ LIVER:_____ MUMPS:_____ CHICKEN POX:_____ FAINTING:_____
MALIGNANCIES:_____ HIV/AIDS:_____ OTHER:_____

While our office is more than willing to submit insurance claims for our patients, we are doing so as a courtesy, and all insurance claims and payments are always the responsibility of the patient. We are not responsible for failure to file a claim or for improperly filed claims. After insurance claims have been filed and payment is received, patients are responsible for any remaining balance. In the event that a payment plan is set up, balances must be paid off within 90 days unless other arrangements are discussed. If these payments are not made in a timely manner, you may be charged an APR of 19.99%. If an account becomes delinquent and is subsequently sent to a collection attorney, you will be responsible for any attorney's fees which are incurred.

I UNDERSTAND AND AGREE TO THE ABOVE STATED INFORMATION. ALL THE INFORMATION I HAVE PROVIDED IS CORRECT.

PARENT SIGNATURE:_____ DATE:_____