



UPDATE YOUR CHILD

ABOUT YOUR CHILD

Child's Name: _____ Date of Birth: ____/____/____

Mailing Address: _____

Mother's Name: _____ Email: _____

Mother's Cell Phone: _____ Other Phone: _____

Father's Name: _____ Email: _____

Father's Cell Phone: _____ Other Phone: _____

Guardian's Name: _____ Email: _____

Guardian's Cell Phone: _____ Other Phone: _____

Name of Financially Responsible Party: _____

Responsible Party Marital Status: Single Married Partnered Divorced Separated

INSURANCE INFORMATION

Has any of your insurance information changed? No Yes *If no insurance changes, please skip to next section

Insurance Co. Name: _____ Phone: _____

Subscriber Name: _____ Relation to Patient: _____

Subscriber ID# _____ Group # _____

Subscriber Employer: _____ Subscriber DOB: ____/____/____

I hereby authorize assignment of my insurance rights and benefits directly to the provider for services rendered. I understand I am financially responsible for any balance not paid by my insurance company. **Please put your initials in the box.** Please provide this office with any new Primary/Secondary Insurance cards.

MEDICAL/DENTAL INFORMATION

Name of **GENERAL DENTIST**: _____

1. Have there been any changes to your child's health? If yes, please explain: _____ Yes No

2. Is your child taking any medications? If yes, what? _____ Yes No

3. Does your child have a medical condition (heart murmur, heart defect, etc.) that requires antibiotics prior to dental treatment? Yes No

4. Is your child allergic or sensitive to a medication or other product? Yes No
If yes, what? _____

5. Is your child allergic or sensitive to latex, metals or plastics? Which? _____ Yes No

6. Does your child have an oral habit? (i.e. finger sucking, lip/nail biting, grinding/clenching) Yes No
If yes, which? _____

7. Is there anything about your child's teeth, mouth or jaw that concerns you? Yes No
If yes, please explain _____

I understand the above information was completed to the best of my knowledge and understand it is my responsibility to inform this office of any further changes to the information I have provided.

Signature _____

Today's Date _____