

Your answers to the following questions will be helpful in selecting the safest and most effective means of providing for your dental care. All information will be kept completely confidential.

MEDICAL HISTORY

Child's Physician: _____ Last Visit: _____

Address: _____ Phone: _____

Is child in good health No Yes Explain: _____

Child taking any drugs or medication No Yes List: _____

Is there allergy to penicillin or other drugs No Yes List: _____

Rheumatic fever, heart disease, murmur No Yes Explain: _____

Tonsils and/or adenoids removed No Yes Date: _____

Any learning disorders or emotional problems No Yes Explain: _____

Serious illness or hospitalization No Yes Explain: _____

If female, has menstruation begun? No Yes Age: _____

Any other health problems or special concerns? _____

Comments: _____

INSURANCE: To avoid misunderstandings regarding dental insurance, all professional services rendered are charged directly to the patient and the patient, parent and/or guardian are responsible for payment of fees. We will prepare necessary forms or reports to help you obtain benefits from your insurance company.

Person filling out form _____

Signature _____ Date _____
(Parent or Guardian)