

CHILD'S REGISTRATION AND HISTORY

TODAY'S DATE _____

Child's name		Nickname	Age	Birth date	
Residence address		City		State	Zip
School		Address			Grade
Father's name			Mother's name		
Father employed by			Home phone	Business phone	
Mother employed by			Home phone	Business phone	
Person financially responsible (if other than parent)				Relationship to child	
Address		City		State	Zip
Phone					
Father's social security number	Driver's license number		State		Father's birth date
Mother's social security number	Driver's license number		State		Mother's birth date
Credit card name		Card number			Expiration date
Name of dental insurance			Secondary insurance		
Whom may we thank for referring you?					
What is child's favorite: sport toy hobby person other interest					

DENTAL HISTORY

Date of last visit to a dentist _____

Ever worn orthodontic appliances _____

Has child complained about dental problems _____

Does your child brush teeth daily _____

Any injuries to mouth, teeth, head _____

Do you assist child with tooth brushing _____

Any mouth habits- thumb sucking, nail biting, mouth breathing, nursing bottle, pacifier, etc. _____

Is dental floss used _____ How often _____

Any unusual speech habits _____

Is fluoride taken in any form _____

Any lost teeth _____

What do you feel child needs _____

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Child's physician _____ Phone _____

Physician's address _____

Date of last physical examination _____ Results _____

May we request release of your child's medical records _____

Please describe any current medical treatment including drugs, pending surgery, recent injuries, or any other information I should be aware of that we have not discussed.

This information was discussed and given by _____

Relation to Child _____