

Bellefonte Family Dentistry

CHILD'S REGISTRATION & HEALTH HISTORY

Child's Last Name _____ First _____ M.I. _____ Nickname _____ Date of Birth _____

With Whom Does Child Reside? Mother Father Both Other Name _____

Address _____ Phone Number _____

Father's Name _____ Mother's Name _____

DENTAL INSURANCE INFORMATION:

Father employed by _____ Social Security Number _____

Date of Birth _____ Insurance Carrier _____ Group # _____

Mother employed by _____ Social Security Number _____

Date of Birth _____ Insurance Carrier _____ Group # _____

DENTAL HISTORY INFORMATION:

Date of last dental visit _____ Reason _____

Is child complaining of any dental problems? _____

Any unhappy dental experiences? _____ Any injuries to mouth/teeth/head? _____

Circle any habits-thumbsucking/nail biting/mouth breathing/nursing bottle habits/pacifier/other _____

Any lost teeth _____ Missing teeth replaced _____ Orthodontic Treatment _____

Does child brush daily? _____ How Often? _____ Does child use dental floss? _____

Is child assisted brushing? _____ Is fluoride taken in any form? Explain _____

CHILD MEDICAL HISTORY:

Name of physician _____ Date of last physical _____

Is child in good health _____ Is child presently under treatment? _____

Does child have a congenital heart defect/heart murmur? _____

If yes, does child pre-medicate before dental treatment? _____ Which antibiotic? _____

Is child taking any medications? _____

Does child have any allergies? _____

Has child been hospitalized / had surgery / blood transfusion / major illness _____

Signature of Parent (guardian) _____ Date _____

Date