

# WELCOME TO OUR OFFICE!

*For your benefit, please have this form completed and bring it with you to your first visit.*

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE#: \_\_\_\_\_ WORK#: \_\_\_\_\_

Male  Female REFERRED BY: \_\_\_\_\_ DENTIST: \_\_\_\_\_

INSURANCE:  Yes  No  Dual

## **RESPONSIBLE PARTY:**

**Mother's Name:** \_\_\_\_\_ **and Father's Name:** \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Work #: \_\_\_\_\_

\* EMAIL ADDRESS: \_\_\_\_\_

Is any other family member a patient at our office?  No  Yes: \_\_\_\_\_

Reason for seeking treatment: \_\_\_\_\_

## **MEDICAL HISTORY:**

Patient's Medical Doctor: \_\_\_\_\_

Has the patient ever had any of the following illnesses?

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Asthma        | <input type="checkbox"/> Angina                 | <input type="checkbox"/> Psychiatric Care |
| <input type="checkbox"/> Hepatitis       | <input type="checkbox"/> TB            | <input type="checkbox"/> Heart Disease          |   |
| <input type="checkbox"/> Jaundice        | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Thyroid Problem        |   |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Malignant Hyperthermia |   |

1. Is the child taking any medication?  No  Yes: \_\_\_\_\_

2. Is the child allergic to any medication or food?  No  Yes: \_\_\_\_\_

3. Is there anything in the patient's medical history that the dentist should be aware of?

No  Yes: \_\_\_\_\_

## **DENTAL HISTORY:**

1. Has the child ever had an orthodontic consultation or treatment? \_\_\_\_\_

2. Does the child have any oral habits such as:  Thumb Sucking  Nail Biting  
 Finger Sucking  Mouth Breathing  
 Tongue Thrusting  Teeth Grinding

3. How often does the patient brush their teeth?  None  1-2x/day  3-4x/day  4-5x/day

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

*Thank You!*

