PATIENT REGISTRATION

Patient's name _____ Birth date _____

Name of spouse/partner _____ Birth date _____

If a child, parent's name _____

Street address _____ Phone _____

City _____ State _____ Zip _____

Patient employed by _____ Phone _____

Business address _____

Present position _____ How long held _____

Spouse/partner employed by _____ Phone _____

Business address _____

Present position _____ How long held _____

Purpose of this appointment _____

In case of emergency, who should be notified _____ Phone _____

Person responsible for this account _____

Social Security number _____

Drivers License number _____

Spouse/partner's Social Security number _____

Spouse/partner's Driver's License number _____

If using Charge Card, name _____ Card no. _____ Exp. date _____

If Welfare, your number _____ County of _____

If you have insurance, name of insured _____

Name of insurance company _____ Policy no. _____

If spouse/partner has insurance, name of insured _____

Name of insurance company _____ Policy no. _____

Whom may we thank for referring you _____

Your Signature _____ **Date** _____

Comments: _____

Single ☐
Widowed ☐
Married ☐
Long Term Partner ☐
Divorced ☐
Separated ☐

CHILD'S REGISTRATION AND HISTORY

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 | How long | Home phone | Bus. phone

Mother employed by | How long | Home phone | Bus. phone

Person financially responsible (if other than parent) | Relationship to child

Address | City | State | Zip | Phone

Father's Social Security number | Driver license no. | State

Mother's Social Security number | Driver license no. | State

Father's birth date | Mother's birth date

Credit card name | No. | Expiration date

When dental insurance coverage name of carrier

Secondary insurance coverage, if any

Whom may we thank for referring you

What is child's favorite: sport | toy | hobby | person | fictional character

DENTAL HISTORY

	Yes	No
Has child complained about dental problems	☐	☐
Any unhappy dental experiences	☐	☐
Any injuries to mouth - teeth - head	☐	☐
Any mouth habits - thumbsucking, nail biting, mouth breathing, nursing bottle habits, pacifier, etc.	☐	☐
Any unusual speech habits	☐	☐
Any lost teeth	☐	☐
Have missing teeth been replaced	☐	☐
Orthodontic appliances worn now or ever been	☐	☐

Date of last visit to a dentist

For what service

	Yes	No
Does your child brush teeth daily	☐	☐
Do you assist child with tooth brushing	☐	☐
How often		
Is dental floss used	☐	☐
How often		
Are disclosing tablets used	☐	☐
Is fluoride taken in any form	☐	☐
Do you desire complete dental service for the child	☐	☐

Child's attitude to dentistry

Summary (for doctor's use)

HEALTH HISTORY

Child's physician _____ Address _____ Phone _____

Date of last physical examination _____ Results _____

	Yes	No
Is child under care of physician now _____	☐	☐
Is child receiving any medication or drugs _____	☐	☐
Is there any excessive bleeding when cut _____	☐	☐
Has child ever been hospitalized _____	☐	☐
Has child ever had surgery _____	☐	☐
Is there any allergy to penicillin or other drugs _____	☐	☐
Are there other allergies: food - pollen - animals - dust - other	☐	☐

	Yes	No
Does child have good physical coordination _____	☐	☐
Are there any emotional problems _____	☐	☐

Summary (for doctor's use) _____

Has child any history of or difficulty with any of the following:

__ Anemia	__ Chronic sinus	__ Hearing	__ Mastoid	__ Thyroid
__ Asthma	__ Convulsions	__ Heart	__ Measles	__ Tuberculosis
__ Bladder	__ Diabetes	__ Kidney	__ Mononucleosis	__ Veneral disease
__ Cerebral Palsy	__ Epilepsy	__ Liver	__ Mumps	__ Other
__ Chicken pox	__ Fainting	__ Malignancies	__ Rheumatic fever	

Summary: (for doctor's use)

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.

	Yes	No
May we request release of your child's medical records for our reference _____	☐	☐

This information was discussed with and given by _____

Relation to child _____