SCOBY-DOO!

WELCOME

We are pleased to welcome you and your child to our practice.

Please take a few minutes to fill out this form as completely as you can.

If you have questions we'll be glad to help you. We look forward to working with you in maintaining your child's dental health.



PATIENT INFORMATION

Date		SS/HIC/Patie	nt ID #	4		Birthdate			3	
Name of Minor	/Child	1				Sex M F	Age	1	-	-
	Last Name	First Name		Mie	ddle Initial					
Nickname		Hobbies				Cell Phone ()			
Home Addres	Street		City			State	# 1	Zip		1
Mailing Addre	essStreet		Dity	1	7113	State		Zip		
School Name		TOUTHERINE				School Phone ()			1
Person finance	cially responsible	Home Phone	()			Work Phone ()			×
Whom may w	e thank for referring	you?	11/	1					38	
		O INS	SUR	A	NCE		R			
Father's/Gua	rdian's Name			Moth	er's/Guardian's	Name				1
Address (if different from patient's)				Address (if different from patient's)						
Home Phone	()(if different from above	Work Phone ()	om above)	Home	e Phone () erent from above)	Work Phone	()(if different from	above	- e)
E-mail				E-ma	iil				1	2
Employer			1/6	Empl	loyer			1 1 1		
Soc. Sec. #_		Birthdate		Soc.	Sec. #		Birthdate	A STATE	X	
Do you have	dental insurance cove	erage for minor/child? Yes	□No	Do yo	ou have dental in	nsurance coverage	for minor/chi	ld? ☐ Yes ☐] No	
Plan Name_		Phone ()		Plan	Name		Phone (
Address				Addre	ess		1/8 5			
Group #	1407	Policy #		Grou	p#	1111	Policy #	1 4 11 4	1	7
Is your child	eligible for treatment u	under Medical Assistance?	′es □ No	Child	's Medical Assis	tance I.D. #		111		H
RI	Da	DENT, te of last visit to a dentist	AL	HI	STO For what servi					
and /		ic of last visit to a definist	YES	NO	1 of what down			YE	9 1	10
7/	Has child complained	d about dental problems?			Is fluoride take	en in any form?				
		th daily?				mouth, teeth, hea				
		every day?				dental experiences				
7	Any mouth habits - to	humbsucking, nail biting, mouth	breathing, pa	cifier, sl	leeping with bott	le, etc?				
-	are trademarks of and © Ha									

(Vers.D2SSS04)

Please Complete Both Sides

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MEDICAL HISTORY

Minor/Child's Physician		City/State	Ph	one ()
Date of last physical examination		Results		
		YES NO		
Is Minor/Child under care of phys				
Receiving any medication or drug				
Ever been hospitalized?				
Ever had surgery?				
Is there excessive bleeding when	cut?			
Has minor/child had any history of	of or difficulty with any of the follo	owing? If yes, please check (1).	
☐ A.I.D.S./H.I.V.	☐ Cerebral Palsy	☐ Epilepsy	☐ Kidney Disease	☐ Rheumatic Fever
☐ Anemia	☐ Chicken Pox	☐ Fainting	☐ Liver Disease	☐ Sinus Problems
Asthma	Convulsions	☐ Hearing Problems	Measles	☐ Thyroid Disease
☐ Bladder Problems	Diabetes	☐ Heart Problems		☐ Tuberculosis
Cancer	☐ Drug/Alcohol Abuse	Hepatitis	☐ Mumps	Other
	EMERGE	ENCY C	ONTACT	
In the event of an emergency, who	om should we contact?			
Name		Relationship	Pho	one ()
Name		Relationship	Pho-	one ()
Signature of Parent, Co	To the best of my knowledg if my minor child ever has a Minor/Child Consent I am the parent, guardian, of and there are no court orde to perform necessary denta which are deemed advisable Insurance Assignment and I certify that my dependent (and assign directly to Drfor services rendered. I und of my signature on all insurance The above-named doctor in Insurance Company(ies) and	or personal representative of	Please Print Narrom signing this consent. I do here ove, including but not limited to x m present when the treatment is real insurance but not limited for all charges whether or not care information and may disclose obtaining payment for services are	t is my responsibility to inform my doctor me of Minor/Child by request and authorize the dental staff- rays, and administration of anesthetics,
Please print name of Pare	nt, Guardian or Personal Representa	ative	elationship to Patient	(Jan)
	UPDA (To be completed at	TE later visit)		
Has there been any change in par			1,-116	
If yes, please describe				() () ()
Is patient taking any new medicati	ions?	f yes, please list	TOMOTOR	1 MARIE
Date				SCOOBY-DOO and all
				related characters and elements are trademarks of and © Hanna-Barbera. (s04)
Date	Dentist Signature		A	and w nama-parpera. (s04)