



Patient Medical and Insurance Update

Patient Name: _____ Date of Birth: _____

Who is bringing patient to today's apt/ Relationship? _____

PLEASE VERIFY WITH THE FRONT DESK YOUR : ADDRESS, PHONE NUMBER, EMAIL ADDRESS AND INSURANCE!!!!!!!!!!!!!!

Medical / Dental History

1. Is your child experiencing any pain today? Circle severity (10-most severe) 0 • 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10
2. Has your child seen his/her physician since the last visit here?..... Yes No
3. Has your child's medical history changed since the last visit?..... Yes No
4. Is your child currently taking any medications? If so, please list below..... Yes No
5. Has your child received any injections (including flu shots) within the last year?..... Yes No
6. Is your child allergic to any medications, foods, environmental elements, animals?..... Yes No
7. Any injury to the head or neck in the last 6 months?..... Yes No
8. Have any dental problems developed since the last visit?..... Yes No
9. Are there any other dental or medical concerns or problems?..... Yes No

If you answered YES to any of the questions, please explain in detail:

Survey Based on your Previous Experiences

1. Do you feel you and your child are treated well in our office? Yes No
2. What do you like most about treatment in our office?

3. What would you suggest to improve our service in the future?

Please read this next section carefully before signing.

I understand that today's services will include a periodic examination, a cleaning (prophylaxis), fluoride treatment and possibly x-rays. I am aware that the insurance policy on file with this office may have benefit, frequency and/or age limitations for these services and may deny partial or full payment. If any amount is not covered by the dental insurance, I understand that this balance will be my responsibility. By signing below, I am also acknowledging that it is my responsibility to know and understand the dental benefits on file.

Are there any procedures you would like to decline today? No
Yes: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Staff Signature: _____