

UPDATE YOUR CHILD

1 ABOUT YOUR CHILD

Today's Date: _____

Child's Name: _____ Home Phone: (____) _____
 Mailing Address: _____ City _____ State _____ Zip _____
 Mother's Full Name: _____ Mother's Email: _____
 Mother's Home Phone: (____) _____ Mother's Cell Phone: (____) _____
 Father's Full Name: _____ Father's Email: _____
 Father's Home Phone: (____) _____ Father's Cell Phone: (____) _____
 Parent's Marital Status: Single Married Partnered Widowed Divorced Separated

2 INSURANCE INFORMATION

Has any of your insurance information changed? No Yes
 If your insurance has not changed, please continue onto block 3.

Company Name: _____ Phone: (____) _____
 Address: _____ City _____ State _____ Zip _____
 Insured's Employer: _____ Insured's ID#: _____ Group # (Plan, Local, or Policy): _____
 Insured's Name: _____ Relation: _____ Date of Birth: ____/____/____

I hereby authorize assignment of my insurance rights and benefits directly to the provider for services rendered. I fully understand I am solely responsible for any balance not paid by my insurance company (if offered at this office). Please put your initial in the box. Please provide any **new** Primary/Secondary Insurance cards with this form.

3 MEDICAL INFORMATION

Since the child's last appointment have there been any changes in his/her health? If yes, Please Explain: Yes No

- Is there anything about your child's teeth, mouth or jaw that concerns you? If yes, What? _____ Yes No
- Do you have any other concerns about today's appointment that you would like to bring to the doctor's attention? Yes No
If yes, What? _____
- Is your child presently under the care of a physician for any medical reasons? Yes No
If yes, What? _____
- Is your child taking any medications? If yes, What? _____ Yes No
- Does your child have a medical condition (heart murmur, heart defect, etc) that requires antibiotics before dental treatment? Yes No
If so, has your child taken the prescribed medication? If yes, What? _____ How much? _____ What time? _____
- Is your child allergic to a medicine or other product? If yes, What? _____ Yes No
- Is your child allergic to vinyl, metal or acrylics? If yes, What? _____ Yes No
- Is your child allergic to latex (balloons, rubber products)? If yes, What? _____ Yes No

I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand it is my responsibility to inform this office of any further changes to the information I have provided.

Signature _____ Date _____