

Child's Registration & Health History Questionnaire

You, as a parent, want to help your child to good oral health. Modern science is making many important contributions to better oral health, but the individual must still take the major responsibility for the care of his/her own mouth. You can teach your child to do so. With proper personal and professional care, your child may keep his/her teeth all their life.

DATE _____

CHILD'S NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ SCHOOL _____ GRADE _____

RESIDENCE _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____

FATHER'S NAME _____ HOME PHONE _____

ADDRESS _____ HOW LONG? _____

EMPLOYED BY _____ BUSINESS PHONE _____ CELL PHONE _____

MOTHER'S NAME _____ HOME PHONE _____

ADDRESS _____ HOW LONG? _____

EMPLOYED BY _____ BUSINESS PHONE _____ CELL PHONE _____

ARE YOU ASSOCIATED WITH A DENTAL INSURANCE PLAN? _____ NAME OF INSURANCE COMPANY _____

_____ POLICY NUMBER _____

_____ UNION (LOCAL #) _____ UNION HEAD _____

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT _____

ANY BROTHERS OR SISTERS? _____ LIST FIRST NAMES & AGES _____

IS THIS YOUR CHILD'S FIRST DENTAL EXPERIENCE? _____

WHAT IS THE CHILD'S ATTITUDE TOWARDS THIS VISIT? _____	COMMENTS: _____

WHOM MAY WE THANK FOR REFERRING YOU TO OUR OFFICE? _____

THANK YOU

