INFORMATION & HEALTH FORM

PATIENT`S NAME:_____
LAST FIRST MIDDLE INITIAL

BIRTHDATE:_____ **AGE:**_____ **GENDER: M**_____ **F**_____

HOME ADDRESS:_____
STREET/APT NO. CITY ZIP CODE

HOME TELEPHONE: _____ **CELL PHONE:**_____

FATHER`S NAME:_____ **OCCUPATION:**_____

EMPLOYED BY:_____ **TELEPHONE:** _____

FATHER`S BIRTHDATE:_____ **SOC.SEC:** _____

MOTHER`S NAME:_____ **OCCUPATION:**_____

EMPLOYED BY:_____ **TELEPHONE:** _____

MOTHER`S BIRTHDATE:_____ **SOC. SEC.**_____

STATUS OF PARENTS: MARRIED___ **SEPARATED**___ **DIVORCED**___ **SINGLE**___

IF DIVORCED, WHICH PARENT HAS CUSTODY:_____

LIST ANY SIBLINGS PREVIOUSLY TREATED IN OUR OFFICE:_____

DENTAL INSURANCE CO:_____ **ADDRESS:**_____

CIRCLE SUBSCRIBER: FATHER MOTHER GROUP #_____ **ID#**_____

MEDICAL HISTORY

PEDIATRICIAN:_____ **TELEPHONE:**_____

PLEASE LIST ANY HISTORY OF ILLNESS/SURGERY:_____

ADD	YES__NO__	DEVEL. DELAY	YES__NO__	HEMOPHILIA	YES__NO__
ADHD	YES__NO__	DIABETES	YES__NO__	HEPATITIS	YES__NO__
ARTHRITIS	YES__NO__	EPILEPSY	YES__NO__	HIV	YES__NO__
ASTHMA	YES__NO__	HEART DISEASE	YES__NO__	PREGNANCY	YES__NO__
AUTISM	YES__NO__	HEART MURMUR	YES__NO__	TB	YES__NO__
CANCER	YES__NO__	HEART SURGERY	YES__NO__	TRANSFUSION	YES__NO__

LIST ANY MEDICATIONS PRESENTLY BEING TAKEN:_____

LIST ANY ALLERGIES OR SENSITIVITY TO MEDICATIONS, LATEX, METALS_____

HAS THE PATIENT USED BISPHOSPHONATES FOR CHEMO OR CALCIUM UPTAKE?_____

DENTAL HISTORY

HAVE THERE BEEN ANY INJURIES TO THE MOUTH OR TEETH?_____

HAS THE PATIENT EVER SUCKED A THUMB OR FINGER?_____ **UNTIL WHAT AGE**_____

DOES THE PATIENT HAVE ANY JAW PAIN OR CLICKING JOINTS?_____

PATIENT`S LAST DENTAL VISIT DATE_____ **SERVICE**_____ **DENTIST**_____

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

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES. I HEREBY GIVE DR. WILLENS PERMISSION TO PERFORM DENTAL TREATMENT ON MY CHILD.

SIGNATURE (PARENT/GUARDIAN):_____ **DATE:**_____

RELATIONSHIP TO PATIENT: _____

(FOR OFFICE USE ONLY) REVIEWED BY:_____

UPDATE:	DATE	SIGNATURE	DR. SIGNATURE
	_____	_____	_____
	_____	_____	_____