

CHILD'S REGISTRATION AND HISTORY

DATE _____

CHILD'S NAME _____ NICKNAME _____ AGE _____ DATE OF BIRTH _____

SCHOOL _____ GRADE _____ RESIDENCE ADDRESS _____

CITY _____ STATE _____ ZIP _____

FATHER'S NAME _____ MOTHER'S NAME _____

FATHER EMPLOYED BY _____ HOW LONG _____ HOME PHONE _____ BUS PHONE _____

MOTHER EMPLOYED BY _____ HOW LONG _____ HOME PHONE _____ BUS PHONE _____

PERSON FINANCIALLY RESPONSIBLE (IF OTHER THAN PARENT) _____ RELATIONSHIP TO CHILD _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

PARENT'S SOCIAL SECURITY NUMBER _____ DRIVER LICENSE NO. _____ STATE _____

CREDIT CARD NAME _____ NO. _____ EXPIRATION DATE _____

WHEN DENTAL INSURANCE COVERAGE NAME OF CARRIER _____

WHOM MAY WE THANK FOR REFERRING YOU _____

WHAT IS CHILD'S FAVORITE SPORT _____ FAVORITE TOY _____

FAVORITE HOBBY _____ FAVORITE PERSON _____ FAVORITE FICTION CHARACTER _____

DENTAL HISTORY

YES NO

Date of last visit to a dentist _____

Does your child brush teeth daily _____

For what service _____

Do you assist child with tooth brushing _____

YES NO

How often _____

Has child complained about dental problems _____

Is dental floss used _____

How often _____

Any unhappy dental experiences _____

Are disclosing tablets used _____

Is fluoride taken in any form _____

Any injuries to mouth - teeth - head _____

Child's attitude to dentistry _____

Any mouth habits - thumbsucking, nail biting, mouth breathing, nursing bottle habits, pacifier, etc. _____

Do you desire complete dental service for the child _____

Any unusual speech habits _____

Any lost teeth _____

Summary (for doctor's use) _____

Have missing teeth been replaced _____

Orthodontic appliances worn now or ever been _____