## Thank you for taking the time to provide us with the following information! CHILDREN'S DENTAL CENTER AND BIG PEOPLE, TOO!

LEASE PRINT			Date:			
V						
			M	F		
S.S.#	Date of I	Birth	A	ge		
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School		Grad	.e			
ildren in family						
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City	State		Zip D.O.B			
nsible for child's account.	if other than parent: Na	me _				
	ationship to Child	·-· ,				
	City School  ferring you to our office? ildren in family  with child: Name  with child: Name  Work Phone  Occupation  Middle Las  Street Work Phone  City  Work Phone  Occupation  Home Phone  asible for child's account,	S.S.# Date of E  City State School  ferring you to our office?	Middle	Middle		

DENTAL HISTORY   Former Dentist Name		Rela	ation to patient			Date	
Phone   Date of last visit to dentist	Signature of Insured	Rela	ation to patient			Date	
Former Dentist Name	DENTAL HISTORY						
Does child brush teeth daily?					Phone		
Does child brush teeth daily?	ate of last visit to dentist	For	what service?				
Does child brush teeth daily?	as child complained about	dental problems?	VFS Is flu	oride take	n in any form?	П	VE
Does child use floss every day?				iniumina to	mouth tooth hoo		YE
HEALTH HISTORY Physician's Name							
Physician's Name Address Tel YES Please List  B. Is your child taking any medication or drugs, including birth control? YES Please Explain  C. Is your child under medical care at present? YES Please Explain  D. Has your child any history of being under general anesthesia or oxygen? YES Please Explain  E. Is your child pregnant? YES Please Explain  D. Has your child have any history of the following? (CHECK ONLY THOSE BOXES THAT APPI  E. Is your child have any history of the following? (CHECK ONLY THOSE BOXES THAT APPI  D.S. Yes Drug Addiction Yes Mitral Valve Prolapse minia Yes Ear Aches Yes Mitral Valve Prolapse minia Yes Epilepsy or Seizures Yes Radiation Therapy mirtis Yes Painting or Dizzy Spells Yes Radiation Therapy mirtis Yes Headaches Yes Rheumatic Fever minis Yes Headaches Yes Rheumatic Fever Micral Valve Mirting Mirt					_		YE
Physician's Name	ny mouth habits - thumbsi	icking, nail biting, mouth	1 breathing, pac	cifier, sleep	ping with bottle, et	ic? 🔟	YE
A. Is your child taking any medication or drugs, including birth control?  Please List  B. Is your child sensitive or allergic to any medication, drugs or latex?  Please Explain  C. Is your child under medical care at present?  Please Explain  D. Has your child any history of being under general anesthesia or oxygen?  Please Explain  D. Has your child pregnant?  F. Does`your child have any history of the following? (CHECK ONLY THOSE BOXES THAT APPI  D.S.	HEALTH HISTORY						
A. Is your child taking any medication or drugs, including birth control?  Please List  B. Is your child sensitive or allergic to any medication, drugs or latex?  Please Explain  C. Is your child under medical care at present?  Please Explain  D. Has your child any history of being under general anesthesia or oxygen?  Please Explain  D. Has your child pregnant?  F. Does`your child have any history of the following? (CHECK ONLY THOSE BOXES THAT APPI  D.S.	nvsician's Name	Addro	ess			Tel	
Please List B. Is your child sensitive or allergic to any medication, drugs or latex?  Please Explain C. Is your child under medical care at present?  Please Explain D. Has your child any history of being under general anesthesia or oxygen?  Please Explain D. Has your child any history of being under general anesthesia or oxygen?  Please Explain E. Is your child pregnant? F. Does`your child have any history of the following? (CHECK ONLY THOSE BOXES THAT APPI  D.S.							
B. Is your child sensitive or allergic to any medication, drugs or latex?  Please Explain  C. Is your child under medical care at present?  Please Explain  D. Has your child any history of being under general anesthesia or oxygen?  Please Explain  D. Has your child pregnant?  E. Is your child pregnant?  F. Does your child have any history of the following?  CHECK ONLY THOSE BOXES THAT APPI  D.S.					L*		
Please Explain  C. Is your child under medical care at present? Please Explain  D. Has your child any history of being under general anesthesia or oxygen? Please Explain  E. Is your child pregnant?  F. Does your child have any history of the following?  CHECK ONLY THOSE BOXES THAT APPI  D.S.	Is your child sansitive or	allergic to any medication	on drugs or lot	ev?	7	VEC	
C. Is your child under medical care at present?  Please Explain  D. Has your child any history of being under general anesthesia or oxygen?  Please Explain  E. Is your child pregnant?  F. Does' your child have any history of the following? (CHECK ONLY THOSE BOXES THAT APPI  D.S.					L	1120	
Please Explain  D. Has your child any history of being under general anesthesia or oxygen?  Please Explain  E. Is your child pregnant?  F. Does' your child have any history of the following?  CHECK ONLY THOSE BOXES THAT APPI  D.S.	-					VEC	
D. Has your child any history of being under general anesthesia or oxygen?  Please Explain  E. Is your child pregnant?  F. Does`your child have any history of the following? (CHECK ONLY THOSE BOXES THAT APPI  D.S.	. Is your child under medi	cal care at present?				YES	
Please Explain  E. Is your child pregnant?  F. Does`your child have any history of the following? (CHECK ONLY THOSE BOXES THAT APPI  D.S.	Please Explain						
E. Is your child pregnant?  F. Does`your child have any history of the following? (CHECK ONLY THOSE BOXES THAT APPI  D.S.	. Has your child any histo	ry of being under general	l anesthesia or	oxygen?		YES	
F. Does your child have any history of the following? (CHECK ONLY THOSE BOXES THAT APPI  D.S.							
D.S.	Please Explain						
Ear Aches	Is your child pregnant?						
regies or Hives	Is your child pregnant?						 ( <u>Y</u> )
mia	Is your child pregnant?  Does`your child have any	y history of the following			OSE BOXES THA	AT APPLY	
Epilepsy or Seizures	Is your child pregnant? Does`your child have any	y history of the following  Drug Addiction	g? (CHECK O	NLY THO	OSE BOXES THA	AT APPLY	o
riosclerosis	Is your child pregnant? Does`your child have any  S	y history of the following  Brug Addiction  Ear Aches	g? (CHECK O	Yes Yes	OSE BOXES THA  Liver Disease  Mitral Valve Pro	AT APPLY	o
ritis	Is your child pregnant?  Does`your child have any  S	y history of the following  Brug Addiction  Ear Aches  Emphysema	g? (CHECK O	Yes Yes Yes Yes	DSE BOXES THE  Liver Disease  Mitral Valve Prol  Nervousness	AT APPLY	o
ficial Heart Valve	Is your child pregnant?  Does`your child have any  S	y history of the following  By brug Addiction  By Ear Aches  By Emphysema  By Epilepsy or Seizur	g? (CHECK O	Yes Yes Yes Yes Yes	DSE BOXES THE  Liver Disease  Mitral Valve Prol  Nervousness  Psychiatric Care	AT APPLY	o
ficial Joints (hip, knee, etc.)	Is your child pregnant?  Does`your child have any  S	y history of the following  s Drug Addiction  Es Ear Aches  Emphysema  Es Epilepsy or Seizur  Fainting or Dizzy	g? (CHECK O	Yes	DSE BOXES THATE  Liver Disease  Mitral Valve Prol  Nervousness  Psychiatric Care  Radiation Therap	lapse	0
Yes   Hearing Loss   Yes   Scarlet Fever   Yes   Problems   Yes   Heart Condition   Yes   Sexually Transmitted Disease   Yes   Sinus Problems   Yes   Yes   Sinus Problems   Yes   Si	Is your child pregnant?  Does`your child have any  S	y history of the following  s Drug Addiction  Ear Aches  Emphysema  Epilepsy or Seizur  Fainting or Dizzy  Glaucoma	g? (CHECK O	Yes	DSE BOXES THATE  Liver Disease  Mitral Valve Prof Nervousness  Psychiatric Care Radiation Therap Respiratory Disea	lapse	0
ding abnormally with  Heart Disease or Attack  Yes  Sickle Cell Disease  tractions or surgery  Yes  Heart Failure  Yes  Sinus Problems  Skin Rash  Pes  Sore Throats  Sore Throats  Stroke  See Easily  Yes  Heart Surgery  Yes  Heart Surgery  Yes  Stroke  Swollen Neck Glands  Per  Hepatitis A (infectious)  Pes  Hepatitis B (serum)  Yes  Tonsillitis  Tonsillitis  Tuberculosis  Tuberculosis  Stroke  Tuberculosis  Tuberculosis  Stroke  Tuberculosis  Tuberculosis  Stroke  Tuberculosis  Tuberculosis  Stroke  Stroke  Stroke  Stroke  Tuberculosis  Tonsillitis  Stroke  Tuberculosis  Stroke	Is your child pregnant?  Does`your child have any  S	y history of the following  Bes Drug Addiction  Bes Ear Aches  Bes Emphysema  Bes Epilepsy or Seizur  Bes Fainting or Dizzy  Bes Glaucoma  Hay Fever	g? (CHECK O	Yes	Liver Disease Mitral Valve Prol Nervousness Psychiatric Care Radiation Therap Respiratory Dise Rheumatic Fever	lapse	0
Heart Disease or Attack   Yes   Sickle Cell Disease	Is your child pregnant?  Does`your child have any  S	y history of the following  Bes Drug Addiction  Bes Ear Aches  Bes Emphysema  Bes Epilepsy or Seizur  Bes Glaucoma  Bes Hay Fever  Bes Headaches	g? (CHECK O	Yes	Liver Disease Mitral Valve Prol Nervousness Psychiatric Care Radiation Therap Respiratory Dise. Rheumatic Fever Rheumatism	lapse	0 0 0
d Transfusion	Is your child pregnant?  Does`your child have any  S	y history of the following  Bes Drug Addiction  Bes Ear Aches  Bes Emphysema  Bes Epilepsy or Seizur  Bes Glaucoma  Bes Hay Fever  Bes Headaches  Bes Hearing Loss	g? (CHECK O	Yes	Liver Disease Mitral Valve Prol Nervousness Psychiatric Care Radiation Therap Respiratory Dise. Rheumatic Fever Rheumatism Scarlet Fever	lapse	0 0 0
vel Problems       Yes       Yes       Sore Throats         n Injury       Yes       Heart Surgery       Yes       Stroke         ise Easily       Yes       Hemophilia       Yes       Swollen Neck Glands         cer       Yes       Hepatitis A (infectious)       Yes       Thyroid Problems         motherapy       Yes       Hepatitis B (serum)       Yes       Tonsillitis         onic Cough       Yes       Hepatitis C       Yes       Tuberculosis         ulatory Problems       Yes       Herpes       Yes       Tumors         d Sores/Fever Blisters       Yes       High Blood Pressure       Yes       Ulcers         genital Heart Disease       Yes       H.I.V. Positive       Yes       Venereal Disease	Is your child pregnant?  Does`your child have any  S	y history of the following  es Drug Addiction  es Ear Aches  es Emphysema  es Epilepsy or Seizur  es Fainting or Dizzy  es Glaucoma  es Hay Fever  es Headaches  es Hearing Loss  heart Condition	g? (CHECK O	Yes	Liver Disease Mitral Valve Prol Nervousness Psychiatric Care Radiation Therap Respiratory Dise. Rheumatic Fever Rheumatism Scarlet Fever Sexually Transmi	lapse	0
n Injury	Is your child pregnant?  Does`your child have any  S	y history of the following  Bes Drug Addiction  Bes Ear Aches  Bes Emphysema  Bes Epilepsy or Seizur  Bes Fainting or Dizzy  Glaucoma  Bes Hay Fever  Bes Headaches  Bes Hearing Loss  Bes Heart Condition  Heart Disease or A	g? (CHECK O	Yes	Liver Disease Mitral Valve Prol Nervousness Psychiatric Care Radiation Therap Respiratory Dise. Rheumatic Fever Rheumatism Scarlet Fever Sexually Transmisickle Cell Disea	lapse	
se Easily	Is your child pregnant?  Does`your child have any  S	y history of the following  Bes Drug Addiction  Bes Ear Aches  Bes Emphysema  Bes Epilepsy or Seizur  Bes Fainting or Dizzy  Glaucoma  Bes Headaches  Bes Hearing Loss  Bes Heart Condition  Heart Disease or A  Bes Heart Failure  Bes Heart Murmur	g? (CHECK O	Yes	Liver Disease Mitral Valve Prol Nervousness Psychiatric Care Radiation Therap Respiratory Dise. Rheumatic Fever Rheumatism Scarlet Fever Sexually Transmi Sickle Cell Disea Sinus Problems . Skin Rash	lapse	
cer       Image: Service of the control o	Is your child pregnant?  Does`your child have any  S	y history of the following  Bes Drug Addiction  Bes Ear Aches  Bes Emphysema  Bes Epilepsy or Seizur  Bes Fainting or Dizzy  Glaucoma  Bes Headaches  Bes Hearing Loss  Bes Heart Condition  Heart Disease or A  Bes Heart Murmur  Bes Heart Murmur  Bes Heart Murmur  Bes Heart Murmur  Bes Heart Pacemaker  Bes Heart Pacemaker	g? (CHECK O	Yes	Liver Disease Mitral Valve Prol Nervousness Psychiatric Care Radiation Therap Respiratory Disea Rheumatic Fever Rheumatism Scarlet Fever Sexually Transmi Sickle Cell Disea Sinus Problems . Skin Rash Sore Throats	lapse	
motherapy	Is your child pregnant?  Does`your child have any  S	y history of the following  Bes Drug Addiction  Bes Ear Aches  Bes Emphysema  Bes Epilepsy or Seizur  Bes Fainting or Dizzy  Glaucoma  Bes Headaches  Bes Heart Condition  Bes Heart Failure  Bes Heart Murmur  Bes Heart Murmur  Bes Heart Surgery	g? (CHECK O	Yes	Liver Disease Mitral Valve Prol Nervousness Psychiatric Care Radiation Therap Respiratory Disea Rheumatic Fever Rheumatism Scarlet Fever Sexually Transmi Sickle Cell Disea Sinus Problems . Skin Rash Sore Throats Stroke	lapse	
onic Cough	Is your child pregnant?  Does`your child have any  S	y history of the following  Bes Drug Addiction  Bes Ear Aches  Bes Emphysema  Bes Epilepsy or Seizur  Bes Fainting or Dizzy  Glaucoma  Bes Headaches  Bes Heart Condition  Bes Heart Failure  Bes Heart Murmur  Bes Heart Surgery  Bes Heart Surgery  Bes Heart Surgery  Bes Hemophilia	g? (CHECK O	Yes	Liver Disease Mitral Valve Prol Nervousness Psychiatric Care Radiation Therap Respiratory Disea Rheumatic Fever Rheumatism Scarlet Fever Sexually Transmi Sickle Cell Disea Sinus Problems . Skin Rash Sore Throats Stroke Swollen Neck Gl	lapse	
ulatory Problems	Is your child pregnant?  Does`your child have any  S	y history of the following  ses Drug Addiction  Eas Ear Aches  Eas Emphysema  Eas Epilepsy or Seizur  Eas Fainting or Dizzy  Glaucoma  Eas Hay Fever  Eas Heard Condition  Heart Disease or A  Eas Heart Murmur  Eas Heart Surgery  Eas Heart Surgery  Eas Hemophilia  Eas Hepatitis A (infect	g? (CHECK O	Yes	Liver Disease Mitral Valve Prol Nervousness Psychiatric Care Radiation Therap Respiratory Dise. Rheumatic Fever Rheumatism Scarlet Fever Sexually Transmi Sickle Cell Disea Sinus Problems . Skin Rash Sore Throats Stroke Swollen Neck Gl Thyroid Problem	lapse	
Sores/Fever Blisters	Is your child pregnant?  Does`your child have any  S	y history of the following  ses Drug Addiction  ses Ear Aches  Eas Emphysema  Es Epilepsy or Seizur  Es Fainting or Dizzy  Glaucoma  Es Headaches  Es Hearing Loss  Es Heart Condition  Heart Disease or A  Es Heart Murmur  Es Heart Murmur  Es Heart Surgery  Es Hemophilia  Es Hepatitis A (infect  Hepatitis B (serum	g? (CHECK O	Yes	Liver Disease Mitral Valve Prol Nervousness Psychiatric Care Radiation Therap Respiratory Dise. Rheumatic Fever Rheumatism Scarlet Fever Sexually Transmi Sickle Cell Disea Sinus Problems . Skin Rash Sore Throats Stroke Swollen Neck Gl Thyroid Problem Tonsillitis	lapse	
genital Heart Disease	Is your child pregnant?  Does`your child have any  S	y history of the following  ses Drug Addiction  ses Ear Aches  Eas Emphysema  Eas Epilepsy or Seizur  Eas Fainting or Dizzy  Glaucoma  Eas Hay Fever  Eas Headaches  Eas Hearing Loss  Heart Condition  Heart Disease or A  Eas Heart Murmur  Eas Heart Surgery  Eas Heart Surgery  Eas Hemophilia  Eas Hepatitis A (infect  Eas Hepatitis B (serun  Eas Hepatitis C	g? (CHECK O	Yes	Liver Disease Mitral Valve Prol Nervousness Psychiatric Care Radiation Therap Respiratory Dise. Rheumatic Fever Rheumatism Scarlet Fever Sexually Transmi Sickle Cell Disea Sinus Problems . Skin Rash Sore Throats Stroke Swollen Neck Gl Thyroid Problem Tonsillitis Tuberculosis	lapse	
	Is your child pregnant?  Does`your child have any  S	y history of the following  Bes Drug Addiction  Bes Ear Aches  Bes Emphysema  Bes Epilepsy or Seizur  Bes Fainting or Dizzy  Glaucoma  Bes Headaches  Bes Heart Condition  Heart Disease or A  Bes Heart Murmur  Bes Heart Surgery  Bes Heart Surgery  Bes Heart S (infect tes Hepatitis B (serum tes Hepatitis C  Bes Hepatitis C  Bes Herpes	g? (CHECK O	Yes	Liver Disease Mitral Valve Prol Nervousness Psychiatric Care Radiation Therap Respiratory Dise. Rheumatic Fever Rheumatism Scarlet Fever Sexually Transm Sickle Cell Disea Sinus Problems . Skin Rash Sore Throats Stroke Swollen Neck Gl Thyroid Problem Tonsillitis Tuberculosis	lapse	
	Is your child pregnant?  Does`your child have any  S	py history of the following  Bes Drug Addiction  Bes Ear Aches  Bes Emphysema  Bes Epilepsy or Seizur  Bes Glaucoma  Bes Hay Fever  Bes Headaches  Bes Heart Condition  Heart Disease or A  Bes Heart Murmur  Bes Heart Surgery  Bes Heapatitis A (infect the patitis C  Bes Herpes	g? (CHECK O	Yes	Liver Disease Mitral Valve Prol Nervousness Psychiatric Care Radiation Therap Respiratory Disease Rheumatic Fever Rheumatism Scarlet Fever Sexually Transmi Sickle Cell Disease Sinus Problems Skin Rash Stroke Swollen Neck Gl Thyroid Problem Tonsillitis Tuberculosis Ulcers	lapse	
elopmentally Disabled	Is your child pregnant?  Does`your child have any  S	py history of the following  Bes Drug Addiction  Bes Ear Aches  Bes Emphysema  Bes Epilepsy or Seizur  Bes Glaucoma  Bes Hay Fever  Bes Headaches  Bes Heart Condition  Heart Disease or A  Bes Heart Murmur  Bes Heart Surgery  Bes Heapatitis A (infect the patitis C  Bes Herpes  Bes Herpes  Bes Heigh Blood Pressures  Bes High Blood Pressures  Bes Hilv. Positive	g? (CHECK O	Yes	Liver Disease Mitral Valve Prol Nervousness Psychiatric Care Radiation Therap Respiratory Dise. Rheumatic Fever Rheumatism Scarlet Fever Sexually Transmi Sickle Cell Disea Sinus Problems . Skin Rash Stroke Stroke Swollen Neck Gl Thyroid Problem Tonsillitis Tuberculosis Ulcers Venereal Disease	andss	
betes	Is your child pregnant?  Does`your child have any  S	y history of the following  Bes Drug Addiction  Bes Ear Aches  Bes Emphysema  Bes Epilepsy or Seizur  Bes Fainting or Dizzy  Glaucoma  Bes Headaches  Bes Hearing Loss  Bes Heart Condition  Heart Disease or A  Bes Heart Murmur  Bes Heart Surgery  Bes Heart Surgery  Bes Hepatitis A (infect the seign and the	g? (CHECK O	Yes	Liver Disease Mitral Valve Prol Nervousness Psychiatric Care Radiation Therap Respiratory Disease Rheumatic Fever Rheumatism Scarlet Fever Sexually Transmi Sickle Cell Disease Sinus Problems . Skin Rash Stroke Stroke Swollen Neck Gl Thyroid Problem Tonsillitis Tuberculosis Tumors Ulcers	lapse	

E. I authorize my insurance company to pay to the dentist all insurance benefits otherwise payable to me for services

These include of (fenfluramine)	nild ever taken any of the group of drugs collective combination of Loniminm, Adipex, Fastin (brand rand Redux (dexefenfluramine).   YES   ribe any dental problems or special concerns you have	names of phenetermine), Pondimin
	re	
	ist the names and phone numbers of family members, schedule appointments and make decisions re	
Name	Relationship to child	Phone
	Relationship to child	
	Relationship to child	
ppropriate to make a thorough se those methods deemed app ime those services are rendered ervices. My insurance may not by my insurance company. I all authorize the dentist to releas	m's Dental Center and Big People, Too! to take X-Rays, study mod h diagnosis of the patient's dental needs. I also authorize the staff to propriate in completing that treatment. I understand that I am financed. I understand that if this office accepts my insurance company's stocover the services or may only partially cover them and any estimps of understand that I am responsible for missed appointment charge are any information including the diagnosis and the records of any training party payers and/or other health practitioners.	o perform all mutually agreed upon treatment and to ially responsible for the payment of all dental services at the assignment, I am still fully responsible for payment of those late given by this office is not a guarantee of actual payment s, collection costs and any financial charges.
atient Name		Date
lease Print Name:	Signature	Relationship

THANK YOU! We know it's a long form. This information is necessary to provide the BEST DENTAL CARE we can for your child!