



Child's Name:

Date of Birth:

Sex: Male

Female

Who may we thank for referring you to our office?

Mother's Information

Name: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Email: _____
 Cell#: _____ Work#: _____
 Employer: _____ Occupation: _____
 Insurance Company: _____
 Insurance Phone: _____ Group/Local #: _____
 SSN: _____ Member I.D. _____

Father's Information

Name: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Email: _____
 Cell#: _____ Work#: _____
 Employer: _____ Occupation: _____
 Insurance Company: _____
 Insurance Phone: _____ Group/Local #: _____
 SSN: _____ Member I.D. _____

Patient's Medical History:

Name of Physician: _____ Phone#: _____

Y	N	Conditions	Y	N	Conditions	Y	N	Conditions
		Does your Child Have a History of:			Hay Fever			Conscious Sedation Consent Form
		Abnormal Bleeding			Heart Murmur			
		Anemia			Heart Surgery			
		Artificial Heart Valve			Hemophilia			Allergies
		Asthma			Hepatitis A			Aspirin
		Attention Deficit Disorder			Hepatitis B			Codeine
		Autism			Kidney Problems			Dental Anesthetics
		Birth Defects			Liver Disease			Erythromycin
		Blood Transfusion			Mitral Valve Prolapse			Jewelry
		Cancer-Chemotherapy			Psychiatric Problems			Latex
		Cerebral Palsy			Radiation Therapy			Metals
		Cleft Lip / Palate			Rheumatic Fever			Penicillin
		Congenital Heart Defect			Seizures			Tetracycline
		Developmental Delay			Sickle Cell Disease			Other
		Diabetes			Speech Difficulties			
		Ear or Hearing Problems			Tuberculosis			
		Epilepsy			I Have Read The Following Forms:			
		Feeding or Eating Problems			I've Received Copies Of The Forms:			
		Fever Blisters			Consent For Treatment Form			
		Genetic Disorders			Notice Of Privacy Form			
		Growth Problems			Financial Policies Form			
		HIV / AIDS			Failed Appointment Form			

Medications:

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Y N

Is there any disease, condition, or problem that you think this office should know about that is not covered above?
If yes, please describe below...

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Notes:

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Signature: _____

Date: _____