

PATIENT CHILD INFORMATION

Patient's Name Today's Date
Home Address
City Zip Res. Tel.#
Social Security # Date of Birth Age
Name of School Teacher
Father's Name Social Security #
Father's Occupation Employer Bus.Tel# Cell #
Mother's Name Social Security #
Mother's Occupation Employer Bus.Tel# Cell#

PERSON TO CONTACT IN AN EMERGENCY Relation
Res. Tel. # Bus. Tel. # Address

RESPONSIBLE PARTY FOR ACCOUNT Bus Tel. # Res. Tel.#
Reason for this visit

Whom may we thank for referring you? Patient Name: Google:

Internet Brenham Dentist: Delta Dental: Website: Other:

INSURANCE INFORMATION

Insured Insured's SS # Insured's DOB
Insurance Co. Insurance Co. Tel Group #

SECONDARY INSURANCE INFORMATION

Insured Insured's SS # Insured's DOB
Insurance Co. Insurance Co. Tel Group #

DENTAL HEALTH HISTORY

For your safety and to assist us in accurately diagnosing and treating your child, please carefully review this form completely and fill out all areas which pertain to your child.

ALL THIS INFORMATION IS CONFIDENTIAL

Dental History:

Previous Dentist City How long

Date of last visit Date of last dental cleaning Date of last full mouth x-ray

- 1.) Why did your child leave their last dentist?
2.) What did your child like most about any dentist, or a dental office they have been to?
3.) What did your child like least about any dentist, or dental office that they have been to?

Check any of the following your child has had or currently has:

- Mouth discomfort Sealents
Periodontal Treatment Mouth Odor or Bad Taste
Trenchmouth or Pyorrhea Cold Sores or Fever Blisters
Gum Abscesses Other Oral Lesions
Gums Bleed when Brushing Immediate Relatives that have lost all of their Natural Teeth
Loose or Shifting Teeth Bad Dental Experience
Trouble Chewing/Speaking Complications With or Following previous Dental or Oral Surgical treatment
Bruise Easily Sensitive Teeth (Hot, Cold, Sweets)
Grind or Clench your teeth Fear of Dental Treatment
Pain, Clicking, Popping in Jaw Joints Sucks Thumb
Orthodontic Treatment Injuries to teeth by trauma
Awake with Sore Jaws

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If your child could change one thing about your child's smile, what would that be?

If there was a simple, inexpensive way to whiten your child's teeth, would you be interested? Y N

