| CHILD'S REGISTRATION AND HISTORY | | | | and the least of the same and |
|--|-----|--------|---|-------------------------------|
| | | | | Date |
| Child's name | ١ | Nickna | Age Age | Birth date |
| Residence address | . (| City | State | Zip |
| School | A | Addres | | Grade |
| Father's name | | Anther | name | |
| ranei s name | | nother | Tidino | |
| Father employed by | ŀ | low lo | g Home phone | Bus. phone |
| Mother employed by | H | low lo | g Home phone | Bus. phone |
| Person financially responsible (if other than parent) | | | Relationship to child | |
| Address | (| City | State Zip | Phone |
| Father's Social Security number | [| Driver | cense no. | State |
| Mother's Social Security number | | Driver | cense no. | State |
| Father's birth date | ١ | Mother | birth date | |
| Credit card name | 1 | No. | Expiration date | |
| When dental insurance coverage name of carrier | | | | |
| | | | | |
| Secondary insurance coverage, if any | | | | |
| Whom may we thank for referring you | | | | |
| What is child's favorite: sport toy | 1 | nobby | person | fictional character |
| | | NTAL | IISTORY | Ven Ne |
| Date of last visit to a dentist | | | Does your child brush teeth daily | Yes No |
| For what service | 200 | No | Do you assist child with tooth brushing | |
| Has child complained about dental problems | | | How often | |
| rias onia complained about dental problems | | | Is dental floss used | |
| Any unhappy dental experiences | - п | | How often | |
| raij amappy demai experiences | | | Are disclosing tablets used | |
| Any injuries to mouth - teeth - head | | | Is fluoride taken in any form | |
| Any mouth habits - thumbsucking, nail biting, mouth breathing, nursing bottle habits, pacifier, etc. | - | | Do you desire complete dental service for the | e child |
| breatning, nursing bottle nabits, pacifier, etc | | | | |
| Any unusual speech habits | _ 0 | | Child's attitude to dentistry | |
| Any lost teeth | | | | |
| Have missing teeth been replaced | _ | | Summary (for doctor's use) | |
| Orthodontic appliances worn now or ever been | | | eron | |

Item 21022V

В

HEALTH HISTORY

| Child's physician | Add | dress _ | Phone | | |
|--|---------|---------|---|--------------------------|-----------------------|
| Date of last physical examination | 3:10 | | Results | | |
| | Yes | No | | Yes I | No |
| Is child under care of physician now | | | Does child have good physical coordination | | |
| Is child receiving any medication or drugs | | | Are there any emotional problems | | |
| Is there any excessive bleeding when cut | | | Summary (for doctor's use) | | |
| Has child ever been hospitalized | | | | | |
| Has child ever had surgery | | | | | |
| Is there any allergy to penicillin or other drugs | | | | | |
| Are there other allergies: food - pollen - animals - dust - other | | | | | |
| Has child any history of or difficulty with any of the follow Anemia Chronic sinus Asthma Convulsions Bladder Diabetes Cerebral Palsy Epilepsy Chicken pox Fainting Summary: (for doctor's use) | ing: | | Heart Measles Kidney Mononucleos Liver Mumps | Veneral Other | culosis al disease |
| Please describe any current medical treatment including d not discussed. | rugs, | pendin | surgery, recent injuries or any other information | I should be aware of tha | at we have |
| | | | | | |
| | | | | | |
| | | | | | |
| May we request release of your child's medical records for ou | ır refe | rence | | Yes No | |
| May we request release of your child's medical records for our child records for our child records for our child's medical records for our child's medical rec | | | | | |