



**Child**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Home Address: \_\_\_\_\_

**Mother/Guardian**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Father/Guardian**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Who referred you?** \_\_\_\_\_

**Insurance**

Child's Dental Insurance Company: \_\_\_\_\_

Child's Medical Insurance Company: \_\_\_\_\_

**Financial Arrangements**

The office of Dr. Tara accepts cash and debit/credit card payments. Please discuss all insurance questions and responsibilities with the front desk.

I authorize the dentist to release any information from the patient's chart to third party payers and/or other health practitioners. I agree to be responsible for payment of all services rendered on my own or my dependent's behalf, including insurance copays and coinsurance. I agree to pay all fees due at each appointment. I agree to be responsible for all fees incurred in attempting to collect these fees.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Health History**

Child's Name: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Previous surgeries or hospitalizations: \_\_\_\_\_

**Dental Concerns** (Check all that apply, previously and/or currently. Please give more details if needed.)

- Congenital anomaly \_\_\_\_\_
- Bottle fed \_\_\_\_\_
- Pacifier use \_\_\_\_\_
- Thumb/finger sucking \_\_\_\_\_
- Nail biting \_\_\_\_\_
- Injury to teeth \_\_\_\_\_
- Fear of dentist \_\_\_\_\_
- Toothache \_\_\_\_\_

**Medical Concerns** (Check all that apply, previously and/or currently. Please give more details if needed.)

- Heart problems \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Asthma \_\_\_\_\_
- Acid reflux \_\_\_\_\_
- Bleeding problems \_\_\_\_\_
- Chronic infections \_\_\_\_\_
- Seizures \_\_\_\_\_
- Hearing problems \_\_\_\_\_
- Vision problems \_\_\_\_\_
- Autism \_\_\_\_\_
- Behavior problems \_\_\_\_\_
- Learning disabilities \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date