CHILD NEW PATIENT FORM

Name:_____Sex:_____Age:_____DOB:_____

Address:_____City:_____St:_____Zip:_____

Phone#:_____Email_____

School:_____

**********Parent/Guardian Information**********

Responsible Party:_____DOB:_____Sex:_____

Address if different from above:
_____City:_____St:____Zip:_____

Employer:_____Occupation:_____Work#:_____

Marital Status: ____Spouse:_____ Relation to Patient:_____

Employer: _____Occupation:_____Work #:_____

**********Medical History**********

Is patient in good health? ____Yes ____No
Has patient ever sucked thumb/finger? ____Yes ____No If yes, until what age?
Does patient breathe through Mouth? ____, Nose ____Both____?
Has patient suffered trauma to head/neck? ____Yes ____No If yes, at what age? ____
Has patient been in motor vehicle accident? ____Yes ____No If yes, at what age? ____
If female, has patient started menses? ____Yes ____No If yes, at what age? ____
Have we treated any other family members? ____Yes ____No Names: _____

Has your child had any of these illnesses listed below? **Mark X for No** ✓ **for Yes.**

___Rheumatic Fever	___Heart Valve Problems	___Glaucoma	___Anemia
___Diabetes	___Bleeding Tendencies	___Hepatitis	___Cancer
___Mononucleosis	___High Blood Pressure	___Epilepsy	___Asthma
___Tuberculosis	___Stomach Ulcers	___Allergic to Anesthetics	___Temporomandibular Joint Pain
___Allergies	___Palpitations	___Tested Positive HIV (AIDS)	

Does patient have pain in the face or jaw? __Yes ___No Does patients jaw get stuck where it cannot open/close? ___ Yes ___No

Does patients jaw click/pop? __Yes ___No Does patient have a history of a major condition/illness? ___Yes ___No

Please list any conditions/illnesses: _____

Please list any drug sensitivities/allergies: _____

Please list any medications: _____

Does Patient take Advil, Motrin or Tylenol on a daily basis? ____Yes ____No

Medical Doctor:_____ Dentist: _____Who referred you? _____

Reason for visit? _____

Interests/hobbies?_____

Parent Guardian Signature: _____Date: _____Dr. Signature_____

Patient History Updated on: _____Initials____ _____Initials ____ _____ Initials ____