CHILD'S REGISTRATION AND HISTORY

Date ______

Child's name ______ Nickname ______ Age ______ Birth date ______

Residence address ______ City ______ State ______ Zip ______

School ______ Address ______ Grade ______

Father's name ______ Mother's name ______

Father employed by ______ How long ______ Home phone ______ Bus. phone ______

Mother employed by ______ How long ______ 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 license no. ______ State ______

Mother's Social Security number ______ Driver license no. ______ State ______

Father's birth date ______ Mother's birth date ______

Credit card name ______ No. ______ Expiration date ______

When dental insurance coverage name of carrier ______

Secondary insurance coverage, if any ______

Whom may we thank you for referring you ______

What is child's favorite: sport ______ toy ______ hobby ______ person ______ fictional character ______

DENTAL HISTORY

Date of last visit to a dentist ______

For what service ______

	Yes	No
Has child complained about dental problems ______	☐	☐
Any unhappy dental experiences ______	☐	☐
Any injuries to mouth - teeth - head ______	☐	☐
Any mouth habits - thumb sucking, nail biting, mouth breathing, nursing bottle habits, pacifier, etc. ______	☐	☐
Any unusual speech habits ______	☐	☐
Any lost teeth ______	☐	☐
Have missing teeth been replaced ______	☐	☐
Orthodontic appliances worn now or ever been ______	☐	☐

	Yes	No
Does your child brush teeth daily ______	☐	☐
Do you assist child with tooth brushing ______	☐	☐
How often ______		
Is dental floss used ______	☐	☐
How often ______		
Are disclosing tablets used ______	☐	☐
Is fluoride taken in any form ______	☐	☐
Do you desire complete dental service for the child ______	☐	☐

Child's attitude to dentistry ______

Summary (for doctor's use) ______