

YOUR CHILD'S INFORMATION

TODAY'S DATE _____

CHILD'S NAME _____

NICKNAME _____ AGE _____ GRADE _____

SCHOOL _____ CHILD'S INTEREST _____

FATHER'S NAME _____ HOME PHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

FATHER EMPLOYED BY _____ PHONE _____

BUSINESS ADDRESS _____

MOTHER'S NAME _____ HOME PHONE _____

STREET ADDRESS IF DIFFERENT FROM FATHER'S _____

CITY _____ STATE _____ ZIP _____

MOTHER EMPLOYED BY _____ PHONE _____

BUSINESS ADDRESS _____

EMERGENCY CONTACT PHONE _____

CELL PHONE/ALTERNATIVE PHONE _____

EMAIL ADDRESS _____

INSURANCE INFORMATION (IF APPLICABLE)

NAME OF COMPANY _____

POLICY NUMBER _____ DATE OF BIRTH OF INSURED _____

SOCIAL SECURITY NUMBER OF INSURED _____

SECONDARY INSURANCE (IF APPLICABLE)

NAME OF COMPANY _____

POLICY NUMBER _____ DATE OF BIRTH OF INSURED _____

SOCIAL SECURITY NUMBER OF INSURED _____

WHOM MAY WE THANK FOR REFERRING YOUR CHILD _____

FOR CHILDREN IN THE FOURTH GRADE AND UNDER THAT HAVE NO CAVITIES, WE WILL TAKE THEIR PHOTO TO BE PLACED ON A BULLETIN BOARD THAT IS ON PUBLIC DISPLAY. SO THAT WE MAY BE COMPLIANT WITH HIPPA POLICY, WE REQUEST YOUR SIGNATURE GIVING US PERMISSION TO PLACE YOUR CHILD'S PHOTO ON OUR BULLETIN BOARD.

SIGNATURE _____

CHILD'S DATE OF BIRTH _____ LAST HEALTH CARE EXAM DATE _____

REASON FOR LAST HEALTHCARE VISIT _____

HAS CHILD BEEN HOSPITALIZED IN THE LAST FIVE YEARS? YES NO

IF YES WHAT WAS THE REASON _____

HAS THE CHILD EVER HAD:

ANEMIA	YES	NO	RHEUMATIC FEVER	YES	NO
DIABETES	YES	NO	HEART MURMUR	YES	NO
HEPATITIS	YES	NO	CHICKEN POX	YES	NO
ALLERGIES TO:			MEASLES	YES	NO
PENICILLIN	YES	NO	ABNORMAL HEART CONDITION	YES	NO
LOCAL ANESTHETIC	YES	NO	ABNORMAL BLOOD PRESSURE	YES	NO
MEDICATION OR DRUG	YES	NO	ABNORMAL BLEEDING	YES	NO

IF ALLERGIC TO MEDICATION OR DRUGS INDICATE WHICH ONES _____

IS CHILD TAKING ANY MEDICATIONS? YES NO PLEASE

LIST _____

ANY OTHER CONDITIONS WE SHOULD KNOW ABOUT?

IS CHILD RECEIVING HEALTH CARE NOW? YES NO IF SO FOR WHAT CONDITION?

NAME OF PHYSICIAN _____ PHONE _____

MAY WE REQUEST HEALTH RECORDS IF NECESSARY? YES NO

THIS INFORMATION WAS GIVEN BY _____