CHILD'S HISTORY & INFORMATION

Confidential Information - Important for our files & your child's health

Child's Name _____ Age _____ Gender ☐M ☐F Birth Date_____
LAST NAME FIRST NAME MIDDLE INITIAL

Home Address _____ Phone _____
STREET CITY STATE ZIP

School Attending _____ Child's Nickname _____

Child's Physician _____

Parent's Name(s) _____/_____ _____/_____
FATHER BIRTH DATE MOTHER BIRTH DATE

Father: Work Address _____ Cell Phone _____
STREET CITY STATE ZIP

Occupation _____ Employed By _____

Dental Insurance ☐ Yes ☐ No if yes: list details on back.

Mother: Work Address _____ Cell Phone _____
STREET CITY STATE ZIP

Occupation _____ Employed By _____

Dental Insurance ☐ Yes ☐ No if yes: list details on back.

Referred by:_____

	YES	NO
Is child in good health.	____	____
Has child had a serious illness.	____	____
Has child had surgery or been hospitalized.	____	____
Has child ever had rheumatic fever.	____	____
Does child have rheumatic heart disease.	____	____
Does child have a heart condition/murmur/mitral valve prolapse.	____	____
Is child taking any drugs or medicine.	____	____
Is child allergic to medicines/please list:_____	____	____
Has child had history of:		
Diabetes.	____	____
Nervous disorders.	____	____
Kidney problems.	____	____
Tumors or cancer.	____	____
Bleeding problems.	____	____
Emotional or mental problems.	____	____
Asthma.	____	____
Epilepsy/ Seizures.	____	____
Hepatitis/Liver problems.	____	____
Antibody positive for HIV.	____	____
Tuberculosis.	____	____
AIDS.	____	____
Is this child's first visit to a dentist.	____	____
Does child brush teeth after meals.	____	____
Have cavities been noted in the past.	____	____
Were any teeth ever extracted.	____	____
Has child ever had a space maintainer.	____	____
Has child ever had other dental appliances or braces.	____	____
Has child ever had unfavorable dental experience.	____	____

AGREEMENT

I understand that the information that I have given today is correct to the best of my knowledge. I also understand that this information will be held in the strictest confidence and that it is my responsibility to inform this office of any changes in my medical status. I have received this practice's Notice of Privacy Practice written in plain language. The Notice provides in detail the uses and the disclosures of my protected health information that may be needed by this practice, my individual rights and the practice legal duties with respect to my protected health information. I give my permission to Drs. Kaiser and Hoehner and staff to take clinical records and/or photographs of my dental treatment for educational and instructional purposes. I authorize payment of insurance benefits to Drs. Kaiser and Hoehner.

I, THE UNDERSIGNED, DO GIVE CONSENT TO AGREED UPON DENTAL SERVICES, AND USE OF APPROPRIATE METHODS THERE TO IN BEHALF OF

_____ SIGNED _____ DATE _____

CHILD'S NAME SIGNATURE OF PARENT OR LEGAL GUARDIAN

ADDITIONAL DISCLOSURE AUTHORITY

May we discuss your child's treatment with:

☐ Yes ☐ No Entire Immediate Family
☐ Yes ☐ No Parents Only
☐ Yes ☐ No Other _____

FINANCIAL POLICY

Full payment for services is due the day they are rendered. We will gladly submit your dental insurance claims and ask that you pay your estimated portion at the time of your visit. All balances not paid within thirty days of treatment are subject to interest at a rate of 1.5% per month. Annual percentage rate is 18%.
****Filing insurance claims is a service we provide without charge and in no way relieves you of responsibility of your bill.**

Please Check: ☐ Cash/Check ☐ MasterCard or Visa

Dental Insurance Company _____Group # _____Phone #_____

Subscriber Name _____ ID/SS# _____ D.O.B. _____

Do you have secondary insurance coverage? ☐ Yes ☐ No

If Yes: Insurance Name_____Subscriber Name_____

ID/SS#_____D.O.B._____Group #_____Phone #_____

There will be a $50 charge for all broken appointments or appointments not canceled 48 hours in advance.

This office will attempt to complete your treatment as promptly as possible. Please arrive ten minutes prior to your appointed time.

Today's Date _____ Signature _____