

Atkins, Maestrello and Associates

Pediatric Dentistry P.C.

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CHILD'S INFORMATION AND HEALTH HISTORY

INITIAL EXAM _____

DATE _____

CHILD'S FULL NAME _____ DATE OF BIRTH _____

(Name Child Prefers)

CHILD'S ADDRESS _____ HOME PHONE(____) _____

CITY _____ STATE _____ ZIP CODE _____ SS# _____

HOBBIES, SPORTS AND INTERESTS _____ GENDER M / F

BROTHERS AND SISTERS NAMES AND AGES _____

FATHER' S (Guardian) NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ HOME PHONE(____) _____

DATE OF BIRTH _____ S.S# _____ CELL PHONE (____) _____

EMPLOYED BY _____ DEPARTMENT _____

EMAIL ADDRESS _____ BUSINESS PHONE(____) _____

MOTHER' S (Guardian) NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ HOME PHONE(____) _____

DATE OF BIRTH _____ S.S# _____ CELL PHONE (____) _____

EMPLOYED BY _____ DEPARTMENT _____

EMAIL ADDRESS _____ BUSINESS PHONE(____) _____

NAME OF FRIEND OR NEIGHBOR WHO CAN REACH YOU IN CASE OF EMERGENCY _____

ADDRESS _____

ALTERNATIVE NUMBER (____) _____ HOME PHONE(____) _____

DENTAL INSURANCE PLAN (IF ANY) _____ SUBSCRIBER NAME _____

POLICY# _____ GROUP# _____

HOW DID YOU HEAR ABOUT US?

- | | | |
|--|--|--|
| <input type="checkbox"/> Pediatrician _____ | <input type="checkbox"/> Insurance Carrier _____ | <input type="checkbox"/> Family/Friend _____ |
| <input type="checkbox"/> Dentist _____ | <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Yellow Pages _____ |
| <input type="checkbox"/> Health Department _____ | <input type="checkbox"/> Internet _____ | <input type="checkbox"/> Other _____ |

