

Please take a few minutes to provide us with the following important information

Patient name: _____

Home address: _____

City: _____ Prov: _____

Postal Code: _____

Home Phone: _____

D.O.B: _____ Age: _____ M or F

Dentist: _____

School: _____

Family Information

The following is requested so that we can communicate properly with the people involved in your child's treatment.

Parents are married separated divorced remarried

Child lives with parents mother father other

Other Adults we should know about? **NO**

Other Name: _____

Relationship to child: _____

Phone (H): _____ (C): _____

Other Name: _____

Relationship to child: _____

Phone (H): _____ (C): _____

Dental Information

Please check the box if your child has one/any of the following:

Clicking jaw

Locking jaw

Biting nails

Thumb/finger sucking

Accident/Injury to teeth or jaws

What concerns you about your teeth/smile? Please specify:

Mother's name: _____

Home address: _____

City: _____ Prov: _____

Postal Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Father's name: _____

Home address: _____

City: _____ Prov: _____

Postal Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Medical Information

Please check the box if your child has one/any of the following:

Rheumatic Fever

Diabetes

Kidney Problem

Heart conditions

Stomach problems

Thyroid disorder

Hepatitis/Liver problems

Bone disorder

Abnormal bleeding/bleeding disorder

Allergies to medications, metals or other. Please specify _____

Is there any past or present medical condition not listed above? _____

Does your child smoke? How much? _____

Is your child currently taking any prescription medication? _____

How did you find us?

Indicate the top reason for coming here (1) and the other ways you heard about our office (2)

1 or 2 Referred by dentist

1 or 2 Referred by family or friend

1 or 2 Family member was/is being treated by Dr. Bales (name) _____

1 or 2 Recommended by other patient/parents (name) _____

1 or 2 Heard about us through school, community activity, etc

1 or 2 Web site

1 or 2 Team member

1 or 2 Yellow pages or Phone Book

1 or 2 Radio advertisement

1 or 2 Other advertisement _____

Insurance Information

Mom

Dad

Insurance Company: _____

D.O.B. _____

Policy or Group # _____

Certificate or ID # _____

Employer: _____

Stepmother (if applicable)

Stepfather (if applicable)

Insurance Company: _____

D.O.B. _____

Policy or Group # _____

Certificate or ID # _____

Employer: _____

First Canadian Health Benefits Treaty Number: _____