O'Brien Children's Dentistry and Orthodontics

of Renton & Kent

The following information is for our records only and will be considered confidential. Thank you for filling out both sides of this form completely...it will help us to give your child the best dental care possible.

Date _____

Child's Full Legal Name _____ Nickname _____

Address _____ City, State, Zip _____

Preferred Contact Phone _____ How long at this address? _____ With whom does child live? _____

Child's Age _____ Birthdate _____ Male _____ Female _____

Name and age of sister(s) _____

Name and age of brother(s) _____

Previous Dentist _____ Phone number _____

Child's Physician _____ Phone number _____

Who is accompanying child today? _____ Relationship to child _____

Emergency Contact Person (not living with patient) _____ Phone # _____

Father's Name _____ Cell # _____

Home Address (if different) _____ Home Phone # (if different) _____

Employer _____ Work # _____

Occupation _____ How long? _____ Birthdate _____

E-mail _____ Social Security # _____

Mother's Name _____ Cell # _____

Home Address (if different) _____ Home Phone # (if different) _____

Employer _____ Work # _____

Occupation _____ How long? _____ Birthdate _____

E-mail _____ Social Security # _____

Parental marital status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

INSURANCE INFORMATION

Primary Dental Insurance Co. _____ Secondary Dental Insurance Co. _____

Their phone _____ Their phone _____

Insured's Name _____ Insured's Name _____

Birthdate _____ SS# _____ Birthdate _____ SS# _____

Relationship to child _____ Relationship to child _____

Insured's I.D. # _____ Insured's I.D. # _____

Employer _____ Employer _____

Group # _____ Group # _____

or Local Union # _____ Plan # _____ or Local Union # _____ Plan # _____

(Over)

Because conditions in the mouth can be hereditary, it is helpful to know if your child is adopted. ☐ Yes ☐ No

Is your child allergic to or has had any unfavorable reactions to drugs, including antibiotics and local anesthetic solutions? ☐ Yes ☐ No

If yes, which ones? _____

Is your child taking medication at the present time? ☐ Yes ☐ No / If yes, which ones and for what reason? _____

_____

Has your child ever been hospitalized? ☐ Yes ☐ No / If yes, when and for what reason? _____

_____

If your child has, or has had, any of the following, please check:

☐ ADD/ADHD/Hyperactivity	☐ Cerebral Palsy	☐ Heart Problems	☐ Liver Disorder
☐ Anemia	☐ Diabetes	☐ Hepatitis	☐ Physical Handicap
☐ Asthma	☐ Ear Infections	☐ HIV	☐ Seizures
☐ Autism/Aspergers	☐ Environmental Allergies	☐ Kidney Disorder	☐ Speech Impediment
☐ Blood/Bleeding Disorder	☐ Epilepsy	☐ Learning Disabilities	Other _____

Please describe any current medical treatment including drugs, pending surgery, recent injuries, special needs, or any other medical information we should be aware of that has not yet been discussed: _____

_____

Is your child taking any form of fluoride (tablets, drops, mouth rinses or gels)? ☐ Yes ☐ No

If yes, which ones? _____

Does your child have any thumb sucking, finger sucking, lip biting, nail biting, nursing bottle or pacifier habits? ☐ Yes ☐ No

If yes, describe _____

Has your child been to a dental office previously? ☐ Yes ☐ No Was it a positive experience? _____

If yes, where and when? _____

Has your child received any injuries to the mouth or teeth? ☐ Yes ☐ No / If yes, when? _____

Has your child had a toothache recently? ☐ Yes ☐ No / If yes, specify area _____

Whom may we thank for referring you to our office? _____

Are there any special concerns you would like to discuss with the Doctor today? _____

_____

_____

Because your child is a minor, it is necessary to obtain a signed permission from the parent or guardian before any/all necessary dental treatment can be started. Authorization is hereby granted, and you will be responsible for any bill incurred on this child for dental treatment, regardless of pending dental insurance benefits. I understand that credit bureau reports may be obtained.

Signature of Parent or Guardian _____ Date _____