

Who is responsible for making appointments? _____ Relationship to Child: _____

Home Phone #: (____) _____ Work Phone: (____) _____

Why have you brought your child to the dentist today? _____

Is this your child's first dental visit? () Yes () No

How would you describe the condition of your child's teeth and gums: () Good () Fair () Poor

Are you concerned that your child may need orthodontics (braces to straighten teeth)? () Yes () No

How often does your child brush? _____ How often does your child floss? _____

Does your child have any of the following habits?

() Thumb/Finger Sucking () Nursing Bottle Habits () Lip Sucking () Nail Biting

Is your child currently in pain or discomfort with his/her teeth or gums? () Yes () No

If yes please explain: _____

Why did you leave your last dentist? _____

Previous dentist's name: _____ Date of last dental visit: _____

Does your child have dental insurance? () Yes () No

If yes, who is the primary insured? () Self () Mom () Dad () Other _____

Primary insured's date of birth: ____/____/____ Primary insured's SS # ____/____/____

Primary insured's marital status: _____

Please present your insurance card to the front desk so they can make a copy of it.

I authorize release of any information relating to any dental claim. _____

Signature

I authorize release of any insurance benefits for dental treatment in which payment was not rendered at the time of treatment.

Signature

I acknowledge that the above information is correct to the best of my knowledge. I understand it will be held in strictest confidence and only be used to improve communication between Dr. Donnelly and myself. I also give my permission for Dr. Donnelly or his staff to use any photos he may take to be used for lecturing or education purposes.

Signature _____