

PATIENT UPDATE

PEDIATRIC DENTISTRY

TODAY'S DATE _____

Denise Bass Allen, D.D.S.

Susanna Cheng, D.D.S.

Eric D. Smith, D.D.S.

Patient's Name: _____ **Age:** _____

MEDICAL UPDATE: Since your last visit has your child/teen developed any new allergies, had any operations, and received any new medical diagnosis including psychological/behavioral changes?

What **MEDICINES** is your child/teen taking now? (include vitamins, cough/cold meds, birth control pills, pain meds, behavioral meds, allergy, asthma meds, antibiotics, herbs, diet pills etc.)

DENTAL UPDATE: Are there any dental problems/concerns the Doctor should be aware of?

NUTRITION/FITNESS UPDATE: Does your child/teen get exercise every day? _____

Does your child/teen eat FRESH fruit daily? _____ FRESH vegetables daily? _____

When was the last time you bought fast food for your child/teen? _____

FAMILY RECORD UPDATE: Indicate any changes in marital status, address, phone number since your last visit (include apt, city, phone) _____

Home # _____ Work # _____ Cell # _____

Email address _____

Circle the best phone number above to confirm appointments

With whom does the child/teen live and who has legal custody? (for insurance) _____

What college does your teen attend? _____ City/State _____

INSURANCE:

Name of policy holder: _____ Relationship to child: _____

Social Security # or ID: _____ Date of Birth: _____

Place of Employment/Union: _____

Name of Insurance Co: _____ Ins. Co. phone: _____

Second Ins. Policy holder name: _____ Relationship to child : _____

Social Security # or ID: _____ Date of Birth : _____

Place of Employment/Union: _____

Name of 2nd Ins. Co. : _____ Ins. Co. phone: _____

Signature: _____ Relationship to child/teen: _____