

Child's Full Name: _____
Name child prefers to be called: _____

Please tell us if there have been changes in the following information

To assist us in keeping your child's medical history current, please answer the following questions:

1. Have there been any changes in your child's general health since your last visit to our office? If yes, please explain: YES NO

2. Has your child been in the hospital within the last year? If so, for what reason? YES NO

3. Is your child currently under the care of a physician? If so, what is the condition being treated? YES NO

4. Is your child taking any drugs or medications at the present time? If so, please list them below: YES NO

5. Is there any additional information that you think we should know about your child's physical or emotional health state? YES NO

<OVER>

My Kids' Dentists requires two direct contact numbers and one email address to ensure that our office staff is able to reach you to confirm your child's appointment.

Please note that is your responsibility to provide our office with working contact information and to alert our office of any changes immediately.

If My Kids' Dentists is unable to reach you to confirm or give notice of expected out of pocket expenses, we reserve the right refuse treatment on the scheduled day. As seen in our financial policy, broken and or missed appointments without 48 business hours notice a \$50, per child, fee may be assessed.

Preferred phone _____ Secondary phone _____

Email _____

Signature of Parent or Guardian _____ Date _____