AARON S. CLARK DDS **ALEX J. VANOVERLOOP DDS**

CHILDREN'S REGISTRATION FORM

CHILD'S NAME_________________________________ NICKNAME______________________ SEX (M/F)_________

DATE OF BIRTH___________________________________ AGE_______

SCHOOL ATTENDING________________________________ CHILD'S PHYSICIAN____

HABITS WE SHOULD BE AWARE OF ____

HAS CHILD BEEN TO THE DENTIST BEFORE_______________________________ LAST DENTAL X-RAYS________________________

YES NO

☐ ☐ IS CHILD ALLERGIC OR SENSITIVE TO ANYTHING? WHAT?____

☐ ☐ IS CHILD CURRENTLY ON MEDICATION? IF SO, WHAT?____

____

☐ ☐ HAS CHILD HAD ANY UNFAVORABLE REACTIONS TO DENTAL OR MEDICAL TREATMENT_____________________________

☐ ☐ IS CHILD'S WATER SUPPLY FLUORIDATED (CITY OR WELL WATER)____

☐ ☐ WOULD YOU LIKE CHILD TO HAVE FLUORIDE TREATMENTS WITH CLEANING______________________________________

☐ ☐ ANY BEHAVIOR ISSUES WE SHOULD BE AWARE OF ____

DOES CHILD HAVE A HISTORY OF ANY OF THE FOLLOWING: IF SO PLEASE EXPLAIN ON LINE BELOW

ADD/ADHD
AIDS/HIV
Anxiety/Depression
Asthma
Autism
Bleeding Disorder
Cancer
Cerebral Palsy
Cleft lip/Cleft palate
Developmental Delay
Diabetes
Epilepsy
Heart Problems
Hepatitis
Major Surgery
Mental Disorder
Mouth Sores
Obsessive Compulsive Disorder
Oppositional Defiant Disorder
Nervousness
Premature
Rheumatic Fever
Special Diet
Speech Delay

EXPLAIN____

PERSON RESPONSIBLE FOR CHILD'S ACCOUNT

NAME___________________________________ HOME PHONE________________________ CELL___________________________

EMAIL___________________________________ SINGLE MARRIED DIVORCED WIDOW WIDOWER

HOME ADDRESS____ CITY____________________ STATE____ ZIP______________

WORK ADDRESS____ CITY____________________STATE____ZIP_______________

WORK PHONE____

INSURANCE____

REFERRED BY____

SOCIAL SECURITY #_________________________ SIGNATURE_______________________________________DATE______________

DOCTOR SIGNATURE____

Medical History Update

PLEASE REVIEW YOUR REGISTRATION AND HEALTH HISTORY FORM AND EXPLAIN ANY CHANGES.

____

____

SIGNATURE____DATE______________

Medical History Update

PLEASE REVIEW YOUR REGISTRATION AND HEALTH HISTORY FORM AND EXPLAIN ANY CHANGES.

____

____

SIGNATURE____DATE______________

Medical History Update

PLEASE REVIEW YOUR REGISTRATION AND HEALTH HISTORY FORM AND EXPLAIN ANY CHANGES.

____

____

SIGNATURE____DATE______________

Medical History Update

PLEASE REVIEW YOUR REGISTRATION AND HEALTH HISTORY FORM AND EXPLAIN ANY CHANGES.

____

____

SIGNATURE____DATE______________

Medical History Update

PLEASE REVIEW YOUR REGISTRATION AND HEALTH HISTORY FORM AND EXPLAIN ANY CHANGES.

____

____

SIGNATURE____DATE______________

Medical History Update

PLEASE REVIEW YOUR REGISTRATION AND HEALTH HISTORY FORM AND EXPLAIN ANY CHANGES.

____

____

SIGNATURE____DATE______________

Medical History Update

PLEASE REVIEW YOUR REGISTRATION AND HEALTH HISTORY FORM AND EXPLAIN ANY CHANGES.

____

____

SIGNATURE____DATE______________