

CHILD REGISTRATION

Child's name _____ Date _____

Birthdate _____ Age _____

Nickname _____ Hobbies _____

Parent's name _____

Residence-street _____

City _____ State _____ Zip _____

School _____

Telephone: Residence _____ Emergency _____

Father employed by _____

Present position _____ Work number _____

Mother employed by _____

Present position _____ Work number _____

Referred by _____

Who will pay this account _____

Purpose of call _____

Name of father's dental insurance co. _____

Social Security # _____ Group # _____

Name of mother's dental insurance co. _____

Social Security # _____ Group # _____

Parent's birthdates: Father _____

Mother _____

Previous Dentist: _____

Date of last medical examination _____

Does child have or has child ever had:	Yes	No
Anemia	_____	_____
Asthma	_____	_____
Diabetes	_____	_____
Allergies	_____	_____
To penicillin.....	_____	_____
To local anesthetic.....	_____	_____
To latex	_____	_____
Abnormal heart condition	_____	_____
Abnormal bleeding from cut	_____	_____
Rheumatic fever	_____	_____
Heart murmur	_____	_____
Is your child under the care of a physician now	_____	_____
Is any medication being taken now	_____	_____
If so, what _____		

Other physical conditions _____		

Name of physician _____		
Telephone number _____		
Information given by (signature) _____		

Date	Service Rendered	Charge	Credit	Balance