

## 803 Russell Ave, Suite 2A Gaithersburg, MD 20879 PEDIATRIC AND ADOLESCENT DENTAL CARE

We love kids and know how to care for them!

## Welcome To Our Office!

Thank you for trusting us with your children's dental care. Our goal is to make every child's visit comfortable and educational. We strive to teach your child good oral care, which will help keep their smiles beautiful for a lifetime.

CHILDREN'S INFORMATION	TODAY'S DATE						
Patient's Name:			Nickname:				
Date of Birth:			Age:	Sex: <b>F M</b>			
School:			Grade:				
Child's Home Phone Number:							
Child's Home Address:	C	ity:	State:	Zip:			
Name and Age of Brothers/Sisters:							
Interests or hobbies:							
Whom may we thank for referring you?							
Person Responsible for the Account:		Relationship:					
Home Number: Worl	k Number:		ext:	SSN:			
Parent's Marital Status: Single	Married	Divorced	Separated	Widowed			
PARENTS INFORMATION							
□ Mother □ Stepmother □ G	Guardian	□ Fathe	er 🗆 Stepfo	ather 🗆 Guardian			
Name: DOB:		Name:		DOB:			
Wk #: Hm #:		Wk #:	Cell #:	Hm #:			
Employer:		Employer:					
Occupation:		Occupation	on:				
SS#: <b>Email:</b>		SS#:	: Email:				
INSURANCE INFORMATION							
Maryland Healthy Smiles Dental Prog	ram						
Member ID#:		Insurance	Co Name:				
Melliber ID#.		IIIsorarice	Co. Nume.				
Ins. Co. Address:		Ins. Co. Ph	one #:				
Policy Owner's Name:							
Policy Owner's DOB:SSN:							

Name:				DOB: _								
[Continued from front]												
DENTAL HISTORY												
Why did you make this appoi	ntme	nt\$										
Has your child ever had an unpleasant dental experience?					0	□ Ye	es					
Have your child's teeth ever k	oeen i	injured?	□ No	□ Yes								
Were there any problems with	h the	birth or pre	egnancy?	□ No	□ Y	es						
Have the child ever had any	pain/	tendernes	s or popping noise	in his/her ja	w join	ţŝ	□ No □ Yes					
Is the child nervous about this appt?		□ No □ Yes	Yes Does/Dld the child have any of the following habits:									
Is the child's drinking water fluoridated?		□ No □ Yes	$\square$ Bottle to bed at night $\square$ Use a pac									
Is the child taking fluoridated supplements?		□ No □ Yes	☐ Thumb/finger sucking ☐ Lip sucking/biting				ng					
Does the child brush his/her teeth daily?		□ No □ Yes	☐ Mouth breathing									
Do you help your child brush?			□ No □ Yes	es 🗆 Other:								
Does the child floss his/her teeth daily?			□ No □ Yes									
Was the child breast fed?			□ No □ Yes	Name of previous dentist:								
MEDICAL HISTORY												
Are you currently under the c	are o	f a physici	an? □ No	□ Yes □	ate o	f last de	ental exam:					
Physician: Phone #:						Address:						
Do your child have any histor	y of th	ne followin	g diseases or conc	ditions?								
Abnormal Blooding	No	Yes	Corobral Balay		No	Yes	Llongtitic/Liver Droblems	No	Yes			
Abnormal Bleeding Accidents/Severe Infections			Cerebral Palsy Convulsion/Seizu	ıres			Hepatitis/Liver Problems Kidney/Bladder Problems					
Any hospital stay/operations	_		Diabetes				Mental Retardation					
Anemia/Blood Disorders			Eye Problems				Measles/Chicken Pox					
HIV/AIDS			Emotional/Behav	vioral Prob.			Rheumatic/Scarlet Fever					
Asthma/Lung Problems			Handicaps/Disak	oilities			Speech/Learning Disorder					
Cancer/Tumors			Heart Murmur/Co	ongenital			Tuberculosis					
Heart Defect Please describe any serious medical problems that your child may have:												
Plagra doscriba your child's a	curror	at physical	hoalth:	3.0								
Please describe your child's current physical health:   Good  Fair  Poor												
Please list all drugs that your												
Please list all drugs that your												
Anything you would like to dis	SCUSS	with the Do	octor in private?		No	□ Yes						
able to me for services rendered.	. I und	erstand that	I am financially resp	onsible for all	charg	es whet	or. Tong all insurance benefits, if any, ot her or not paid by insurance. I hereby of this signature on all insurance submiss	authori				
				Relatio	nship:		Date:					
Responsib	ole Pai	rty Signatu	re									
Reviewer:				Date:								