

Caldwell and Steinbring

Dentistry For Children

Medical History Update

Date _____

Patient's Name _____ DOB _____

Have there been **ANY** changes in the child's medical history, new allergic reactions, heart conditions, or recent surgeries since their last visit? _____

Please list **ALL** medications the patient is currently taking: _____

Today, your child's appointment will consist of a cleaning, Fluoride foam treatment, any necessary x-rays, and an exam by the Doctor.

Parent or Guardian Signature: _____

DATE _____

Due to the HIPPA privacy law we can no longer have you sign in with your address, phone number, and other personal information. This presents a problem for our office because that is how we updated our account in the event you have a new address or insurance. The majority of the patients we see each day come every six months. Lots of changes take place in six months. Thank you for filling out this form completely.

Patients
Name _____ Home Phone _____

Address _____ Zip _____

E-Mail Address _____

Mother's Cell # _____ Father's Cell # _____

Mother's Employer _____ Phone _____

Father's Employer _____ Phone _____

Name of Insured _____

Dental Insurance Company _____