RYAN J. HUGHES, D.D.S., M.S.

Practice Limited to Children

Child's History

Child's Name _____ Nickname _____ Sex _____
First Middle Last

Age _____ Birth date _____ Place of Birth_____

School _____Grade _____

Explain briefly why you brought your child in for dental care _____

_____

Whom may we thank for this referral?_____

Child's History – In order to render the best possible care and treatment for your child, your assistance is needed in answering the following questions.

1. When was your child's last visit to the dentist? _____ Were X-Rays taken? _____

2. Is your child receiving daily fluoride at the present time? _____ In what form? _____

3. Does your child have any habits such as pacifier, thumb sucking, etc.?_____

4. Is there anything we should know about your child before beginning a dental examination? _____

_____

5. Are there any questions you have regarding your child's dental development or care? _____

_____

6. Does your child have a health problem? _____ If so, what? _____

7. Tell us about any limiting mental or emotional problems _____

_____

8. What is the most serious illness your child has ever had? _____

9. Who is your child's physician? _____ Date of child's last physical examination? _____

Reason for last exam? _____ Are immunizations current? Yes ☐ No ☐

10. Has your child ever been hospitalized? _____ When & why? _____

11. Does your child have or has your child ever had any of the following:

☐ Heart trouble	☐ Allergies	☐ Diabetes	☐ HIV +/Aids
☐ Asthma	☐ Epilepsy	☐Tuberculosis	☐ Hepatitis
☐ Anemia	☐ Nervousness	☐ Rheumatic Fever	☐ Reflux
☐ Kidney Problems	☐ Liver problems	☐ Bleeding Disorder	☐ Attention Deficit

12. Has your child ever experienced any unfavorable reaction to any medicine . . . such as penicillin, aspirin, or local anesthetic?

_____

13. Is your child taking any medications now? _____ What? _____

14. Has your child had unfavorable reactions to medical or dental care? _____

CONSENT: the signature of the parent or guardian below authorizes the completion of all agreed upon dental services and the use of those methods and techniques appropriate thereto. This consent shall remain in full force and effect until cancelled by either party of behalf of:

Child's name _____

By _____ Relationship _____

Date _____ 20 _____

GENERAL INFORMATION

Father's
Name _____ SS# _____ DOB _____
(First) (MI) (Last)

Street _____ PO Box _____

City _____ State _____ Zip _____

Home Phone# _____ Work# _____ Cell# _____

Mother's
Name _____ SS# _____ DOB _____
(First) (MI) (Last)

Street _____ PO Box _____

City _____ State _____ Zip _____

Home Phone# _____ Work# _____ Cell# _____

Marital Status: ❑ Married ❑ Divorced ❑ Separated ❑ Single ❑ Widowed

With Whom Does the Child Live? _____

Who is the Custodial Parent? _____

Who is Responsible for This Account? _____

Driver's License #: Father _____ Mother _____ E-mail: _____

PRIMARY DENTAL INSURANCE

Insurance Co. Name _____

Insurance Co. Address & Phone # _____

_____

Insured's Name _____

Insured's DOB _____

Insured's Employer _____

Insurance Effective Date _____

Group, Plan, Local or Policy # _____

SS# _____

Occupation _____

Relationship to Patient _____

SECONDARY DENTAL INSURANCE

Insurance Co. Name _____

Insurance Co. Address & Phone # _____

_____

Insured's Name _____

Insured's DOB _____

Insured's Employer _____

Insurance Effective Date _____

Group, Plan, Local or Policy # _____

SS# _____

Occupation _____

Relationship to Patient _____

IN CASE OF EMERGENCY

Name, address and phone of relative not living with you _____

_____

Name, address and phone of friend or neighbor _____

_____

PLEASE SIGN AND RETURN TO THE RECEPTIONIST

I have read the office financial policy. I authorize the dentist to bill my dental insurance and release information necessary to secure payment of benefits. I understand that I am financially responsible for all charges whether or not paid by insurance.

Signature _____ Date _____

LIST ALL CHILDREN BELOW

1. Name _____ Sex _____ Age _____ Birthdate _____
2. Name _____ Sex _____ Age _____ Birthdate _____
3. Name _____ Sex _____ Age _____ Birthdate _____
4. Name _____ Sex _____ Age _____ Birthdate _____
5. Name _____ Sex _____ Age _____ Birthdate _____
6. Name _____ Sex _____ Age _____ Birthdate _____