

We welcome your child into our practice and we will try to make his/her dental experiences very pleasant. Please complete this form thoroughly because this information is of great value in helping us to better understand and care for your child.

Patient's Name _____ Social Security # _____ Nickname _____ Age _____

Sex _____ Race _____ Date of Birth _____ Weight _____

Patient's Address _____
STREET CITY STATE ZIP Home Phone _____

Father's Name _____ D.O.B. _____ Social Security # _____

His Address _____
STREET CITY STATE ZIP Phone _____ Cell Phone _____

Where Employed _____ Occupation _____ Work Phone _____

Mother's Name _____ D.O.B. _____ Social Security # _____

Her Address _____
STREET CITY STATE ZIP Phone _____ Cell Phone _____

Where Employed _____ Occupation _____ Work Phone _____

Dental Insurance Information

Policy Holder's Name _____ Group No. _____

Dental Insurance Company Name _____

In case of emergency—Name and phone number of nearest relative or friend _____ Phone _____

With whom does the patient live _____

Name of school attending _____ Grade _____

Other children in family - names and ages _____

Are they patients of Dr. Doss/Dr. Stroud Yes No

Child's Physician _____ Family Dentist _____

Whom may we thank for referring you to our office Doctor Parent Patient _____
NAME OF PERSON REFERRING PATIENT

STREET CITY STATE ZIP

Dental and Family History

Yes No

Is this your child's first visit? _____

If not, date and location of last dental care? _____

Has your child had an unfavorable dental experience? _____

Does your child have a toothache? _____

How many days/weeks? _____ How Frequent _____

Has your child ever had a space maintainer, retainer, braces, or any dental tooth movement? _____

Was your child breast fed? _____ Bottle fed? _____ Age discontinued _____

Is there any family history of bad bites, missing teeth or extra teeth? _____

What is your water source? Public system Private Well

Does your child have a past or current history of: Thumb sucking _____ Finger sucking _____ Pacifier _____



All the information above is correct to the best of my knowledge and I understand the no show (missed appointment) policies.

SIGNATURE