

**MHGT'FGPVCN'URGEKCNKUV-PEDIATRIC DENTISTRY**

www.happysmile4you.com

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**Demographic and Health History Update**

Dear Parents/Guardians,

In order to provide comprehensive dental health care, we require just a few minutes of your time to complete and sign this demographic and health status report. Thank you.

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Any change in your child's dental insurance coverage? \_\_\_\_\_

- 1. Change in physician since last dental checkup?  Yes  No
- 2. Has your child seen his/her physician since the last dental visit?  Yes  No
- 3. Change in medical history since the last visit (i.e. illness, surgery)  Yes  No
- 4. Any medication (i.e. new medications, antibiotics) since the last office visit?  Yes  No
- 5. Has your child become allergic to any medications since the last visit?  Yes  No
- 6. Has your child been in the hospital/emergency room since the last visit?  Yes  No
- 7. Has your child had any injuries since their last visit?  Yes  No

Please note changes or comments below regarding any of the above questions or any dental concerns that you may have. To save you time, if you have no comments to make, please write "NC", date and sign the form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_