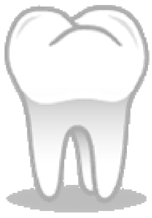

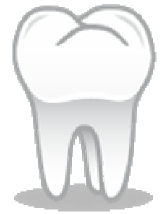

Welcome

Beverly A. Largent, DMD
Pediatric Dentistry

Tell Us About Your Child

Today's Date________________________________
Child's Name________________________________
Nickname________________________________
Birth date____________________ Age________
☐ Male ☐ Female
Address________________________________
____
SS#________________________________
School________________________________
Physician________________________________
Pharmacy________________________________
Referred By:________________________________

Primary Insurance

Insurance Co. Name________________________
Ins. Co. Dental Ph. #________________________
Group #________________________________
ID#________________________________
Policy Owner's Name________________________
Relationship to Patient________________________
Policy Owner's Birth date____________________
Policy Owner's Employer____________________

OR

Name on Medical Card____________________
KY Medical Card #________________________

Parental Information

☐ Mother ☐ Step-Mother ☐ Guardian
Name________________________________
Birth date________________________________
SS#________________________________
Home Ph#________________________________
Cell Ph. #________________________________
Work Ph.#________________________________
Address________________________________
____
Employer________________________________

☐ Father ☐ Step-Father ☐ Guardian
Name________________________________
Birth date________________________________
SS#________________________________
Home Ph. #________________________________
Cell Ph. #________________________________
Work # ________________________________
Address________________________________
____
Employer________________________________

**PERSON RESPONSIBLE FOR ACCOUNT:
____

For Office Use Only:

Chart Reviewed/Notes: ________________________
____
____
____

Health History

Is your child currently being treated by a physician? ☐ *Y* ☐ *N*
*If yes, for what?*____

Has your child ever been hospitalized? ☐ *Y* ☐ *N*
*If yes, for what?*____

Is your child currently taking any medications? ☐ *Y* ☐ *N*
*If yes, for what?*____

Is your child allergic to anything? ☐ *Y* ☐ *N*
*If yes, what?*____

Has your child ever been evaluated or had dental treatment before? ☐ *Y* ☐ *N*
*Dentist's Name*____

Has your child ever had a serious/difficult problem associated with previous dental work? ☐ *Y* ☐ *N*
*If yes, please explain?*____

Has your child ever received fluoride in any form? ☐ *Y* ☐ *N*

Are your child's teeth brushed once per day? ☐ *Y* ☐ *N*
Brushing completed by: ☐ *child* ☐ *parent*

*At what age did your child stop bottle/breast feeding?*__________

*I certify the truth of all of the information given. I also authorize the release of pertinent information to those persons requiring it for treatment on my child or for the purpose of payment of the account. Furthermore, since*_________________________ *is a minor, it becomes necessary that a signed permission is obtained from a parent or legal guardian before any and/or all dental service can be started and accomplished by Dr. Largent and/or legally qualified associates. Such authorization is hereby granted to perform diagnostic and treatment procedures, including x-rays and/or cleaning and fluoride treatment, and manage my child as deemed necessary or advisable.*

*Signed*____
*Date*____

Has your child ever been diagnosed as have any of the following conditions? Please check yes (Y) or no (N).

	YES	NO
ADD/ADHD	☐	☐
Seasonal Allergies	☐	☐
Allergic to Foods/Medication	☐	☐
Allergic to Latex	☐	☐
Artificial Bones/Joints	☐	☐
Arthritis	☐	☐
Asthma	☐	☐
Autism	☐	☐
Brain Injury	☐	☐
Cancer	☐	☐
Cerebral Palsy	☐	☐
Cleft Lip/Palate	☐	☐
Convulsions/Seizures	☐	☐
Diabetes	☐	☐
Epilepsy	☐	☐
Eye Problems	☐	☐
Excessive Bleeding Problems	☐	☐
Fainting	☐	☐
Handicaps/Disabilities	☐	☐
Hearing Impairment	☐	☐
Heart Disease	☐	☐
Hepatitis	☐	☐
HIV/AIDS	☐	☐
Jaundice	☐	☐
Kidney/Liver Problems	☐	☐
Orthopedic Problems	☐	☐
Rheumatic/Scarlet Fever	☐	☐
Scoliosis	☐	☐
Sickle Cell Anemia	☐	☐
Spina Bifida	☐	☐
Tuberculosis	☐	☐
________________ Syndrome	☐	☐

*If you answered yes to any of the above questions please explain:*_______________
____