VIC247 Dental Hygiene 250.744.9462
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CHILD NEW PATIENT FORM

Today's Date: _____ CHILD'S Name: _____

CHILD'S Gender / Pronouns: _____ Birthdate: _____

PARENT/GUARDIAN NAME: _____

Address: _____

Cell Phone: _____ Other Phone: _____

E-Mail: _____ Referred By: _____

Emerg. Contact: _____ Their Phone: _____ Relationship: _____

CHILD'S Dentist: _____

INSURANCE INFO (IF APPLICABLE):

Name of Insurance Policyholder: _____ THEIR Birthday: _____

Insurance Company Name: _____

Group/ Contact #: _____ Subscriber/Cert #:_____

MEDICAL HISTORY:

Is this child currently being treated by a doctor for anything? _____

Past 2 years: hospital visits/serious illness? _____

Prescriptions: _____

ALL ALLERGIES: _____

Does this child have any heart problems?_____

PLEASE CHECK ALL THAT APPLY:

- ☐ acid reflux or GERD
- ☐ anemia
- ☐ angina / chest pain
- ☐ anorexia / bulimia
- ☐ anxiety / dental phobia
- ☐ asthma
- ☐ bleeding problems
- ☐ blood pressure – HIGH/low
- ☐ cancer PAST or PRESENT
- ☐ cold sores (oral herpes)
- ☐ diabetes TYPE 1 – TYPE 2
- ☐ epilepsy / seizures
- ☐ fainting / dizziness
- ☐ fibromyalgia
- ☐ heart disease
- ☐ heart pacemaker
- ☐ hepatitis A – B – C
- ☐ HIV / AIDS
- ☐ kidney disease
- ☐ liver disease
- ☐ lung disease
- ☐ lupus
- ☐ organ transplant
- ☐ radiation / chemo (current)
- ☐ rheumatic fever (past)
- ☐ sinus problems
- ☐ sleep apnea
- ☐ thrush
- ☐ thyroid problems
- ☐ tuberculosis
- ☐ OTHER PROBLEM: (describe below)

Child's Name: _____

DENTAL HISTORY:

Do you have any concerns about your child's teeth? _____

_____

Last Dentist Visit (month/year): _____ Where? _____

Last X-Rays (month/year): _____ Last Cleaning (month/year): _____

Any special preferences during dental cleaning?_____

Does child report any painful teeth? _____

Has the child had braces / retainer? _____

Are any teeth loose / missing? _____

Do you notice your child has bad breath? _____

How often do you brush your child's teeth? _____ Floss? _____

Does your child allow you to help them brush? _____

Does your child use an electric brush or manual brush? _____

What is your biggest difficulty with your home oral care routine? _____

_____

Do you have any concerns or fears that have not been mentioned yet? _____

_____

I, the undersigned, understand that providing a complete medical and dental history is important to my child's oral care. I certify the information in this document is correct to the best of my knowledge, and I understand that any omissions may affect the ability of the hygienist to provide appropriate care. I consent to release my child's oral health information (including images) to the dentists or other physicians I have listed on this document. I authorize this hygiene office to perform diagnostic procedures/assessments required to determine treatment. I understand that treatments/fees will be explained to me and accepted by me before being performed. I assume all responsibility for all fees associated with diagnostic and therapeutic procedures for myself and my dependents. I understand that while VIC247 Dental Hygiene can assist with my insurance submissions, I am ultimately responsible for the timely payment of all the fees on this account for myself (and my dependents), regardless of what my insurance company pays. I understand all accounts are due the day treatment is rendered. I agree to give 24 hours notice to cancel appointments, and I agree that there may be a $50 fee for missed appointments with less than 24 hours notice.

_____ _____ _____

Print PARENT / GUARDIAN Name Parent / Guardian Signature Date