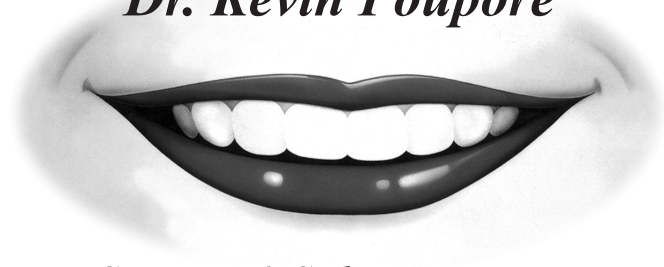


Child Patient Form

Dr. Kevin Poupore



Cosmetic & Sedation Dentistry

Welcome

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with you in maintaining your dental health.

Date: _____

Email: _____

Child's Name: _____

Residence: _____

_____ Zip: _____

Father's Name: _____ Mother's Name: _____

Father Employed By: _____

Home Phone: _____ Work: _____ Cell: _____

Mother Employed By: _____

Home Phone: _____ Work: _____ Cell: _____

Person Financially Responsible (if other than parent): _____

Relationship to Child: _____

Child's Date of Birth: _____ Age: _____

Child's Interests/Favorite People: _____

Insurance Information

Name of Carrier: _____

Address of Carrier: _____

Insurance Subscriber's SS#: _____

Group Number: _____

Are You Covered by Another Plan? _____

If So, Name of Carrier: _____

Insurance Subscriber's SS#: _____

Group Number: _____

Dental History

Date of last visit to a dentist: _____

Treatment rendered: _____

Has your child complained about dental problems?

Heat? Yes No

Cold? Yes No

Sweets? Yes No

Biting Pressure? Yes No

Any unhappy dental experiences?

Yes No

Any injuries to mouth/teeth/head?

Yes No

If so, please describe:

Does your child brush teeth daily?

Yes No

If so, how many times per day? _____

Do you assist child with tooth brushing?

Yes No

Is fluoride taken in any form?

Yes No

Do you desire complete dental service for the child,
which may include X-Rays?

Yes No

Medical History

Does your child have any general health problems?

Yes No

If so, please specify:

Child's physician: _____

Is your child under the care of a physician now?

Yes No

If so, for what reason?

Is your child taking any medication?

Yes No

If so, for what reason?

Does your child have an allergy to drugs?

Yes No

If so, please list.

Does your child have any medical problems?

Yes No

If so, please list.