



MEDICAL/DENTAL HISTORY UPDATE

FOR THE SAFETY OF OUR PATIENTS, WE REQUIRE A MEDICAL HISTORY UPDATE EVERY 6 MONTHS

CHILDS NAME: _____ DOB: _____

DO YOU HAVE ANY CONCERNS/QUESTIONS ABOUT YOUR CHILDS DENTAL HEALTH THAT WE CAN ANSWER TODAY? NO YES, EXPLAIN BELOW

ANY ALLERGIES? _____

IN ORDER TO KEEP YOUR CHILD'S RECORD UP TO DATE AND ACCURATE, PLEASE CHECK OFF ANY CHANGES AND NOTE BELOW TO EXPLAIN: NO CHANGES

- | | | |
|---|--|--|
| <input type="checkbox"/> DENTAL INSURANCE | <input type="checkbox"/> HOME ADDRESS | <input type="checkbox"/> HOSPITALIZATION |
| <input type="checkbox"/> FINANCIAL RESPONSIBILITY | <input type="checkbox"/> PARENT MARITAL STATUS | <input type="checkbox"/> CURRENT MEDICINES |
| <input type="checkbox"/> PHONE NUMBER/EMAIL ADDRESS | <input type="checkbox"/> MEDICAL CONDITION | <input type="checkbox"/> HEART MURMUR |

In an effort to improve communications with our patients, We Care For Kids Dental will be emailing and/or texting appointment reminders. If you are interested in being a part of this service, please enter your information below. We do not sell personal information. Please print clearly ☺

Personal Email: _____ Cell Phone #: _____

INFORMED CONSENT FOR PARENTS/GUARDIANS ACCOMPANYING THE CHILD

Please cross out any treatment that you do not want performed

I hereby authorize the dentist and staff at We Care For Kids Dental to perform diagnostic aids including an examination, x-rays, photographs, cleaning, and fluoride treatment, when necessary, as the standard of care to properly diagnose and record any and all dental conditions.

I authorize my insurance company to pay We Care For Kids Dental all insurance benefits otherwise payable to me for services rendered. I also authorize the use of this signature on all insurance submissions. I understand that I am financially responsible for all charges for services rendered whether or not it is covered by my insurance and all broken appointment fees. I also understand that obtaining insurance coverage and benefit information is my responsibility and not the responsibility of We Care For Kids Dental. This consent is to remain in effect from the date indicated until cancelled in writing.

SIGNATURE _____ RELATIONSHIP TO CHILD _____ DATE _____