Grimes
PEDIATRIC DENTISTRY

1551 SE 3rd St., Suite 100
Grimes, IA 50111
515-325-1719

Today's Date _____

Patient:

Child's Name _____ Sex _____ Age _____

Nickname _____ SS#/SIN _____ Birthdate _____

School _____ Grade _____

Child's Home Address _____

City _____ State/Prov. ____ Zip/P.C. _____ Phone _____

Responsible Party:

Name _____ Relationship _____

Address _____ Email _____

City _____ State/Prov. ____ Zip/P.C. _____

Home Phone _____ Cell Phone _____ Work Phone _____

SS#/SIN _____ DOB _____

Other Contact Information:

Name _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Relationship _____

Primary Insurance:

Insured's Name _____ Relationship _____

Birthdate _____ SS#/SIN _____

Employer _____ Date Employed _____ Occupation _____

Insurance Co. _____ Group # _____ Employee # _____

Ins. Co. Address _____ City _____ State/Prov. ____ Zip/P.C. _____

Secondary Insurance:

Insured's Name _____ Relationship _____

Birthdate _____ SS#/SIN _____

Employer _____ Date Employed _____ Occupation _____

Insurance Co. _____ Group # _____ Employee # _____

Ins. Co. Address _____ City _____ State/Prov. ____ Zip/P.C. _____

Please indicate any condition that your child has or has had:

Abnormal Bleeding	■ Yes	☐ No	Ear Disorders	☐ Yes	☐ No	Pacemaker	☐ Yes	☐ No
ADD/ADHD	☐ Yes	☐ No	Eating Disorders	☐ Yes	☐ No	Physical Disability	☐ Yes	☐ No
AIDS Or HIV Positive	☐ Yes	☐ No	Endocrine Disorders	☐ Yes	☐ No	Premature Birth	☐ Yes	☐ No
Anemia	☐ Yes	☐ No	Epilepsy/Seizures/Convulsions	☐ Yes	☐ No	Psychological Disability	☐ Yes	☐ No
Arthritis	☐ Yes	☐ No	Excessive Bleeding	☐ Yes	☐ No	Psychiatric Treatment	☐ Yes	☐ No
Asthma	☐ Yes	☐ No	Head Injuries	☐ Yes	☐ No	Radiation Treatment	☐ Yes	☐ No
Autism Spectrum Disorder	☐ Yes	☐ No	Heart Murmur	☐ Yes	☐ No	Respiratory Problems	☐ Yes	☐ No
Behavioral Problems	☐ Yes	☐ No	Hemophilia	☐ Yes	☐ No	Rheumatic Fever	☐ Yes	☐ No
Blood Disease	☐ Yes	☐ No	Hepatitis (Any Type)	☐ Yes	☐ No	Sickle Cell Anemia	☐ Yes	☐ No
Bone/Joint Problems	☐ Yes	☐ No	High Blood Pressure	☐ Yes	☐ No	Skin Conditions	☐ Yes	☐ No
Cancer/Tumor	☐ Yes	☐ No	Injuries To Face/Mouth	☐ Yes	☐ No	Speech Delay/Therapy	☐ Yes	☐ No
Cerebral Palsy	☐ Yes	☐ No	Intellectually Disabled	☐ Yes	☐ No	Stomach, Liver, Or Kidney Problems	☐ Yes	☐ No
Chemical Dependency	☐ Yes	☐ No	Jaundice/Liver Disease	☐ Yes	☐ No	Thyroid Problems	☐ Yes	☐ No
Cleft Lip/Palate	☐ Yes	☐ No	Jaw Joint Pain	☐ Yes	☐ No	Tuberculosis	☐ Yes	☐ No
Congenital Heart Defect	☐ Yes	☐ No	Kidney Disease	☐ Yes	☐ No			
Diabetes	☐ Yes	☐ No	Lung Disease	☐ Yes	☐ No			
Developmental Delay	☐ Yes	☐ No	Organ Transplant	☐ Yes	☐ No			

Has your child had a recent upper respiratory infection? ☐ Yes ☐ No (if yes, please list) _____

Has your child had a recent ear infection? ☐ Yes ☐ No (if yes, please list) _____

Date of last dental visit: _____

Previous dentist name - address or phone number _____

Has your child had difficulty with dental visits? ☐ Yes ☐ No (if yes, please list) _____

Child's physician name - address or phone number _____

Has your child had any previous hospitalizations/serious illnesses? ☐ Yes ☐ No (if yes, please list) _____

Is your child currently taking any medications? ☐ Yes ☐ No (if yes, please list) _____

Does your child have a history of allergies/ sensitivities/adverse reactions to any medications? ☐ Yes ☐ No (if yes, please list) _____

Does your child have a history of allergies to any other substances (latex, environmental, etc)? ☐ Yes ☐ No (if yes, please list) _____

Please explain any medical conditions your child has not listed above _____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my child's health.

Signature of Patient, Parent or Guardian:

X _____ Date: _____

Grimes Pediatric Dentistry complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-515-325-1719.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-515-325-1719。