E

Children's Dentistry of Pocatello

1246 Yellowstone Ave., Suite B-3, Pocatello, ID 83201 (208) 238-1165

Today's Date:	Child's Home Phone#:()_	Socia	Security #:		
Child's Name:		Child's Birthda	te://	_ Child's Age:	
Nickname:	Male Female	School:		Grade:	
Child's Home A dress: Stree	et C	ity	State	Zip	<u></u>
Whom may we thank for ref	erring you?				
E-mail Address:					· · · · · · · · · · · · · · · · · · ·
200	Parent's I	nformation			
Parent's Marital Status:N	MarriedDivorcedSeparated	dWidowedRemarri	iedSinglePa	rtnered	
Mother Birthdate:/	_/ Home #:()	Work #:()		_Cell#:()	
Name:	Social Security #:	D	river's License#	:	
Address:Street				7:5	
/	City			Zip	
	/ Home#:()	·····			
Name:	Social Security#:	Di	river's License#:		
Adress:Street	City	v Stat	P.	Zip	
Employer:		Length of Employment		P	
	Insura	nce Information			
Primary Insurance Dent	al Coverage?YesNo	Orthodontic Coverage	e?YesNo		
Insurance Co. Name:	Phone #:()	Grou	ıp #(plan, Local,	Policy)	
Insurance Co. Address:	Dev/Charact			7	
	Box/Street City			Zip	
	_/ Social Security #:	In:	sured's Employer	`	
Employer's Address: Stre	et C	ity State	2	Zip	_ /
	tal Coverage?YesNo	Orthodontic Covera	ge?YesNo	r	
Insurance Co. Name:	Phone #:()	Gi	roup #(Plan, Poli	су)	
Insurance Co. Addr	ress:	C 1			7.
Insured's Name:	PO Box/Street	City Relationshi	State p to patient:		Zip
Insured's Bir	thdate:// Social S	ecurity #:	Insured's E	Employer:	
	ldress:				
	PO Box/Street	City	State		Zip
<u> </u>				and the second	

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Does child brush his/her Does child floss daily? Does either parent have l	treated for dental decay? teeth daily?	U Yes UNO Ves UNO Ves UNO Ves No		2	
What type of toothpaste	does child use?		****		
Does/did the child have Lip sucking/biti Nail biting Chewing on obje Sleep with bott	ects I humb/finger su	ing teeth 🛛 Icking 🖓 Iabits 🖓	Tongue/Cheek biting Used pacifier ITongue thrust I Drink juice regularly	□Mouth Breather □Speech problems □Breast fed	
Did mother have any com	plications during pregnancy? P	lease explain:			
)id mother take any med	ications during pregnancy? Ple	ase explain:			
	51 5 7	•			
when was the child wear					
Was the child ill during ir	nfancy? Please explain:				
-			lease explain:		
Is the child currently und	der the care of a physician? \square	IYes∎No Pl	lease explain:		
Es the child currently und Please list all the drugs t	der the care of a physician? he child is currently taking:	IYes □No Pl	lease explain:		
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I affirm that the information I have given is correct to the best of my knowledge, and it is my responsibility to inform this office of any changes in my child's medical status. I authorize Dr. Hugues and the dental team to examine, clean and provide dental treatment on my child's teeth. I further authorize the taking of dental x-rays as may be considered necessary by Dr. Hugues to diagnose and/or treat my child's dental problem. I assign the Doctor all insurance benefits. I understand that I am responsible for payment of services rendered, any deductible, and co-payment that my insurance does not cover.

Authorization

Signature

Date