



WELCOME UPDATE

Tell Us About Your Child

Today's Date: ____/____/____

Name: _____

Address: _____

Birthdate: ____/____/____

City: _____ State: _____ Zip: _____

Phone # _____

Parents Information

Mother Stepmother Guardian Birthdate: ____/____/____ Phone # _____ Alternate Phone # _____

Name: _____ Address: (if different from child's) _____

Occupation: _____ Employer: _____ Email Address: _____

Father Stepfather Guardian Birthdate: ____/____/____ Phone # _____ Alternate Phone # _____

Name: _____ Address: (if different from child's) _____

Occupation: _____ Employer: _____ Email Address: _____

Insurance Information

Insurance Co. Name: _____ Id#: _____ Group #: _____ Phone # _____ Subscriber: _____

Sec. Insurance Co. Name: _____ Id#: _____ Group #: _____ Phone # _____ Subscriber: _____

Medical History

Please list any changes to your child's medical history: _____

Please list any serious medical problems or recent hospitalizations: _____

Please list all drugs the child is currently taking: _____

Please list all drugs that cause the child allergic reactions: _____

Please list any specific dental concerns that you have today: _____

Has the child had/experienced any of the following: PLEASE CIRCLE

- | | | | |
|-----------------------------|-----------------------------|---------------------------|-----------------------|
| Y N Abnormal Bleeding | Y N Chicken Pox | Y N Kidney Problems | Y N Speech Delay |
| Y N ADHD | Y N Congenital Heart Defect | Y N Lice | Y N Tonsillitis |
| Y N Aids/HIV+ | Y N Convulsions | Y N Liver Problems | Y N Tuberculosis (TB) |
| Y N Allergies (List Below) | Y N Developmental Delay | Y N Lupus | |
| Y N Anemia | Y N Diabetes | Y N Measles | |
| Y N Asthma | Y N Handicaps/Disabilities | Y N Mitral Valve Prolapse | |
| Y N Autism/Related Disorder | Y N Hearing Impairment | Y N Mononucleosis | |
| Y N Blood Disorders | Y N Heart Murmur | Y N Rheumatic Fever | |
| Y N Blood Pressure High/Low | Y N Premed Required | Y N Scarlet Fever | |
| Y N Blood Transfusion | Y N Hemophilia | Y N Seizure Disorder | |
| Y N Cancer | Y N Hepatitis | Y N Sickle Cell Anemia | |
| Y N Cerebral Palsy | Y N Hives | Y N Skin Rash | |

Any medical history not listed above? Please explain: _____

Signature of Parent or Guardian

Date