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: _____

Who is your child's current pediatrician? _____

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	

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Signature of Parent or Guardian Date