DATE:

PEDIATRIC DENTISTRY HEALTH INFORMATION

MARKET STREET DENTAL, P.C.
1820 East Market Street, York, Pa 17402 (717) 757-3851

We are pleased that you have selected us to provide dental care for you and your family!
Whom may we thank for referring you to our office? _____

Child's Name _____ Nickname _____ Age _____ Birthdate _____

School _____ Grade _____ Residence address _____

Zip _____ Telephone No. _____ Email _____

Cell Phone No. _____ Social Security Number of Child _____

Father's Name _____ Social Security Number _____ Date of Birth _____

Mother's Name _____ Social Security Number _____ Date of Birth _____

Father/Mother Driver's License No. _____ Brothers _____ Sisters _____

Mother's Occupation _____ Employed By _____

Work Address _____ Work Telephone No. _____

Father's Occupation _____ Employed By _____

Work Address _____ Work Telephone No. _____

If Applicable, Dental Insurance Carrier _____

What family member carries the insurance? Mother _____ Father _____ Child _____ Other _____

Any Pets? _____ Names of pets _____ Child's favorite sport _____

DENTAL HISTORY

	Yes	No
Date of Last Dental Visit _____		
For What Reason _____		
_____ By Dr. _____		
Any Previous Unhappy Medical or Dental Visits?		
_____	☐	☐
Has Your Child Complained About Any Dental		
Problems? _____	☐	☐
_____		
Any injuries to Mouth, Teeth, Head?	☐	☐
_____		
Any Mouth Habits: Thumbsucking, Nail biting,		
Mouthbreathing, etc. _____	☐	☐
Any Lost/loose Teeth? _____	☐	☐

	Yes	No
Does Your Child Brush Daily?	☐	☐
Do you assist child w/brushing?	☐	☐
How often? _____		
Is Dental Floss Used?	☐	☐
Are disclosing tablets used?	☐	☐

How Does Your Child Receive Fluoride?

Water Supply ☐ Toothpaste ☐

Dentist ☐ Vitamin ☐ Tablets ☐

None ☐ Other ☐

Child's Attitude to Dentistry

_____

_____

_____

DATE:

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MEDICAL HISTORY

Child's Physician _____ Address _____ Phone _____

Date of Last Physical Examination _____ Results _____

Is Your Child in Good Health _____ Yes ☐ No ☐

Is Your Child Presently Under Care By A Physician _____ Yes ☐ No ☐

Is Your Child Receiving Any Medications or Drugs _____ Yes ☐ No ☐

What is Your Child's Weight _____ Height _____

Has Your Child Ever Been Hospitalized (Explain) _____ Yes ☐ No ☐

Has Your Child Ever Had Surgery (Explain) _____ Yes ☐ No ☐

Eating Habits Presently (Explain) _____

Are There Any Psychological or Emotional Problems You Would Like to Bring to our Attention Yes ☐ No ☐

_____

Does Your Child Have or Has Had Any Of The Following Health Problems: **Please circle, yes or no**

Rheumatic Fever or Rheumatic Heart Disease	Yes	No	Anemia or Blood Disorders _____	Yes	No
Congenital Heart Disease or Heart Murmur	Yes	No	Tuberculosis or Pneumonia _____	Yes	No
Allergies: Food, Dust, Penicillin (etc.), Latex	Yes	No	Asthma or Hay Fever	Yes	No
Unknown _____			Liver Problems, Jaundice or Hepatitis	Yes	No
Glandular or Hormonal Problems	Yes	No	Accidents or Severe Infections, AIDS	Yes	No
Convulsion, Seizures, Fainting or Epilepsy	Yes	No	High/Low Blood Pressure	Yes	No
Arthritis or Rheumatism	Yes	No	Speech, Learning, or Hearing Disorders	Yes	No
Diabetes or Blood Sugar Problems	Yes	No	_____		
Any Prolonged Bleeding or Bruises Easily Yes	Yes	No	Childhood Illnesses _____	Yes	No
Kidney or Bladder Problems (Explain)	Yes	No	Immunizations _____	Yes	No
_____			Other, If yes please explain _____		

I hereby certify the foregoing information is correct and true, Because _____ is a minor, it becomes necessary that a signed permission is obtained from a parent or guardian before any, and/or all necessary dental treatment can be commenced. Authorization is hereby granted as such.

Furthermore, I will be responsible for any professional fees incurred for dental services to my child. It will be the legal guardian's responsibility of minor for all charges of collection charges and/or attorney fees if their account becomes delinquent and is set-forth to collection procedures.

Signed _____ Date _____

A [redacted] charge for $N_2O_2 - O_2$ use must be paid PRIOR to services performed.
PAYMENT IS DUE IN FULL AT TIME OF TREATMENT UNLESS PRIOR ARRANGEMENT HAVE BEEN MADE.
NOTE*** A 1.8% finance charge will accrue monthly on accounts 60 days past due.