PERSONAL INFORMATION - CHILD

DR. ED HOBEN

The following information is required to enable us to provide you with the best possible dental care. Please fill in the entire form. All information is strictly private, and is protected by doctor-patient confidentiality.

If necessary, please do not hesitate to ask the receptionist for assistance in completing this form.

NAME: _____ Male ☐ Female ☐ Other ☐
Last Name First Name

DATE OF BIRTH (DAY/MONTH/YEAR): _____ RESIDENT TELEPHONE# _____

PARENT 1 CELL# _____ PARENT 2 CELL # _____

RES. ADDRESS _____
Street City Province Postal Code

PARENT/GUARDIAN #1 _____ BUSINESS PH # _____ EMAIL _____

EMPLOYER/OCCUPATION _____ MAY WE CONTACT YOU AT WORK? ☐ YES ☐ NO

PARENT/GUARDIAN #2 _____ BUSINESS PH# _____ EMAIL _____

EMPLOYER/OCCUPATION _____ MAY WE CONTACT YOU AT WORK? ☐ YES ☐ NO

PREFERRED METHOD OF CONTACT (Check One): HOME # ☐ CELL ☐ EMAIL ☐

DO YOU HAVE DENTAL INSURANCE? ☐ YES ☐ NO

INSURANCE COMPANY _____ GROUP/POLICY# _____ ID# _____

NAME OF POLICY HOLDER _____ DATE OF BIRTH _____

REFERRD BY: _____ REASON: _____

DENTAL HISTORY:

1. When was your child's last dental visit? _____ Reason for visit _____

2. Did your child have any x-rays at their last dental visit? ☐ YES ☐ NO ☐ NOT SURE

3. Is your child having any dental discomfort or pain and/or what is your chief concern? If yes, please explain. ☐ YES ☐ NO ☐ NOT SURE

4. Is your child actively involved in sports and if so does he/she wear a mouth guard? ☐ YES ☐ NO ☐ NOT SURE

5. Please list any additional information you wish to discuss with the dentist.

PATIENT'S OR GUARDIAN'S CONSENT FOR TREATMENT:

I hereby consent to the dental and oral surgical procedures to be necessary or advisable by the doctor or delegated auxiliaries, including the use of local anesthetic, X-rays, sedation or analgesia as indicated. I accept the responsibility for all fees associated with these procedures.

I understand that appointment times will be reserved for necessary treatment. If I am unable to keep the reserved appointment time, I will give the office adequate notice (at least 48 hours prior). I also understand that I may be charged for the lost time if adequate notice is not given.

DATE _____ SIGNATURE _____