



Children's Information Sheet

Date: _____

Name _____

Care Card # _____

Address _____

City _____

Province _____ Postal Code _____

Home Phone # _____

Cell Phone # _____

Email Address _____

Birthdate _____ Age _____

Responsible Parent _____

Employer _____

Business Phone _____ Ext _____

Emergency Phone # _____ Contact _____

Getting to know your child

Who can we thank for referring you? _____

Is another member of your family a patient at our office?

What promoted your decision to bring your child here? _____

What experience has your child had in other dental offices?

Date of your child's last dental x-rays _____

Date of your child's last dental cleaning _____

Does your child have any teeth that are sensitive to hot/cold/sweets?

Does he or she suck their thumb? _____

Has your child had any of the following?

- Orthodontic treatment (braces)
- Oral Surgery (extractions)
- Root Canal and/or a Crown
- Clenching or Grinding problems
- Bite adjusted
- Bleeding of the gums when brushing or flossing
- Sealants

For Parents

Do you brush your child's teeth? Yes No

Present Physician's Name _____

Address _____ Phone # _____

Has your child been under medical care during the past two years?

Is your child taking any medication, pills or drugs? Yes No

If yes, please list: _____

Has your child had an adverse reaction any medication? Yes No

If yes, please list: _____

Does your child have any fears? Yes No

- Has anyone suggested your child needs pre-medication prior to dental treatment?
- Artificial Heart Valve, Heart Pacemakers, Heart Surgery
- Autism
- Personality/Social Disorders
- Sleep Disorders
- High Blood Pressure
- Heart Murmur
- Rheumatic Fever
- Epilepsy or Seizures
- Fainting or dizzy spells
- Bruise easily
- Diabetes: Diet or Medication controlled
- Hepatitis A (infections), Hepatitis B (serum)
- HIV Positive

Dental Insurance Yes No

Primary Carrier _____

Insurance Company _____

Secondary Carrier _____

Insurance Company _____

Parent's Signature (for child under 18 years) _____ Date _____

I understand that the above questions directly relate to the quality of dental care I can expect my child to receive in this office. I have not knowingly withheld information that could complicate my child's treatment.