*********Patient Information Update **********

Patient Name: _____ Birthdate: _____ Gender: _____
Current Mailing Address:
Street: _____
City: _____ State: _____ Zip: _____
Home phone #:_____ Cell phone #:_____

Email Address: _____
Please verify your e-mail address. We are sending notices for appointment confirmation and when your child is due for their next visit.

**********Medical History Update **********

- Have there been any changes in your child's health since the last exam?
  YES NO
  For what conditions?_____
- Is your child taking any medications?
  YES NO
  If yes, please list medications:

  _____

  _____
- Does your child have any allergies? Please include allergies to any medications?
  YES NO
  Please list all allergies: _____
- Does your child have a heart murmur or any other cardiac problems?
  YES NO
  If you answered yes, please list treating doctor name and telephone number:
  _____
  Does the condition require pre medication? Yes No Not Sure
- Has your child received any blood transfusions or blood products?
  YES NO
- Is your child allergic to latex? YES NO
- Does your child take any homeopathic or herbal remedies?
  YES NO
  If yes, please list: _____

*******Dental Insurance Information Update *******

If you have dental insurance, have there been changes? YES NO
We have the following Insurance Carrier(s) on file: _____
If you answered yes, please update below and provide our customer care coordinator with your insurance card.

Policy Holder's Name: _____ SS#/ID#: _____
Employer: _____ Policy Holder's Date of Birth: _____
Insurance Carrier: _____
Insurance Carrier's phone #: _____ Policy#: _____

Please sign and date, acknowledging that you are verifying all information listed above with any changes if noted.

Signature: _____ Date: _____