

David Canale, DDS
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 Moorpark, California 93021



CHILD REGISTRATION AND HEALTH HISTORY

Child's Name _____ Child's Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Child's Birth date _____

Mother's Name _____ Parent's Marital Status Married Single Divorced

Father's Name _____ Referred By _____

Dental Insurance Carrier _____

Person Financially Responsible For Account _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Social Security # _____ Birth date _____

Employed By _____ Address _____

Primary Reason For This Visit _____

Please answer each question. Circle YES or NO

<p>1. Is child under medical treatment now? Yes No If yes please explain _____ _____</p> <p>2. Has Child had any operations? Yes No If yes please list _____ _____</p> <p>3. Is Child allergic to penicillin, latex or any other drugs or medications? Yes No If yes, please list _____ _____</p>	<p>4. Is Child taking any drugs or medications? Yes No If yes, please list _____ _____</p> <p>5. When cut, does child's bleeding stop within a normal period of time? Yes No</p> <p>6. Does child have any other health problems which you wish to discuss with the Doctor? Yes No</p> <p>7. Does child require antibiotics before dental treatment? Yes No</p>
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Has your child had any of the following?

Heart Ailment	Yes	No	Nervous Disorder	Yes	No	Kidney Disease	Yes	No
High Blood Pressure	Yes	No	Epilepsy	Yes	No	Ulcer	Yes	No
Cardiac Pacemaker	Yes	No	History of Fainting	Yes	No	Respiratory Disease	Yes	No
Rheumatic Fever	Yes	No	Tuberculosis	Yes	No	Sinus Trouble	Yes	No
Heart Murmur	Yes	No	Hepatitis	Yes	No	Serious Head Injury	Yes	No
Blood disease or Anemia	Yes	No	Tumors or Growths	Yes	No	STD	Yes	No
Diabetes	Yes	No	Liver Disease	Yes	No	_____	Yes	No

Is your child's health: Excellent Good Fair Poor

I confirm that the above information is true to the best of my knowledge and I consent to whatever dental procedures, including X-rays and local anesthetics that are deemed necessary for diagnosis and treatment.

Signature of parent or guardian _____ Date _____