

# CHILD REGISTRATION

Child's name \_\_\_\_\_ Date \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Nickname \_\_\_\_\_ Hobbies \_\_\_\_\_

Parent's name \_\_\_\_\_

Residence-street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_

Telephone: Residence \_\_\_\_\_ School \_\_\_\_\_

Father employed by \_\_\_\_\_

Present position \_\_\_\_\_ How long held \_\_\_\_\_

Mother employed by \_\_\_\_\_

Present position \_\_\_\_\_ How long held \_\_\_\_\_

Referred by \_\_\_\_\_

Who will pay this account \_\_\_\_\_

Purpose of call \_\_\_\_\_

Name of father's dental insurance co. \_\_\_\_\_

Policy number \_\_\_\_\_

Name of mother's dental insurance co. \_\_\_\_\_

Policy number \_\_\_\_\_

Parents' Social Security numbers: Father \_\_\_\_\_

Mother \_\_\_\_\_

Parents' birthdates: Father \_\_\_\_\_

Mother \_\_\_\_\_

## Information For Emergency Treatment

Date of last medical examination \_\_\_\_\_

Does child have or has child ever had: Yes      No

Anemia ..... \_\_\_\_\_

Diabetes ..... \_\_\_\_\_

Hepatitis ..... \_\_\_\_\_

Allergies ..... \_\_\_\_\_

    To penicillin ..... \_\_\_\_\_

    To local anesthetic ..... \_\_\_\_\_

Abnormal heart condition ..... \_\_\_\_\_

Abnormal bleeding from a cut ..... \_\_\_\_\_

Rheumatic fever ..... \_\_\_\_\_

Heart murmur ..... \_\_\_\_\_

Is your child under the care of a physician now ..... \_\_\_\_\_

Is any medication being taken now ..... \_\_\_\_\_

    If so, what \_\_\_\_\_

\_\_\_\_\_

Other physical conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of physician \_\_\_\_\_

Telephone number \_\_\_\_\_

Information given by (signature) \_\_\_\_\_

Date	Service Rendered	Charge	Credit	Balance