Germantown Pediatric Dental & Orthodontic Center

19847 Century Blvd., Suite 215 Germantown, MD 20874 1-877-99-BIG SMILES

TODAY'S DATE:

Patient's Name:		Circle: Male / Female
Patient's Address:		
Marital Status of Parents: M / S / D / W	Birth Date:	
Patient's Home Phone:	Pt. lives with: FT/PT with Mom FT/PT with Dad Both If Other, who:	
Secondary Phone Contact in case of schedule changes:		
Mother's Name:		
Mother's Email Address:		
Father's Name:		
Father's Email Address:		
Patient's General Dentist Name:		
Reason for visit: **? Pain ? Swelling ? Fever ? General Check-up ? Other-explain:**		
Last dental visit:		

RESPONSIBLE PARTY INFORMATION

How many responsible parties? 1 / 2 / 3 / 4	Relationship to Patient:	
Name:		
Address:		
City:	State:	Zip Code:
SSN#	Birth Date:	
Phone:		
Secondary Phone Contact in case of schedule changes:		

2nd Responsible party Name:		
Address:		
City:	State:	Zip Code:
SSN#	Birth Date:	
Phone:		
Secondary Phone Contact in case of schedule changes:		

INSURANCE INFORMATION

Insured's Name:	SSN#
Ins Comp:	ID#
Employer Name:	Local No#

_____

Signature (Parent's signature if minor):

How did you hear about us?_____

Germantown Pediatric Dental & Orthodontic Center
19847 Century Blvd., Suite 215 Germantown, MD 20874 1-877-99-BIG SMILES
Dr. Irma Echandy
Pediatric Dentist

Patient Name: _____
DOB: _____

If minor: Parent(s)/Guardian: _____
(PRINT NAME)

Responses to Patient Health Questionnaire:

Is patient in good health	Y	N
Heart Problems	Y	N
Low blood pressure	Y	N
High blood pressure	Y	N
HIV positive	Y	N
Allergies to medication	Y	N
If yes-list:		
Allergies to metals	Y	N
Allergies to latex or balloons	Y	N
Asthma	Y	N
Arthritis	Y	N
Epilepsy	Y	N
Diabetes	Y	N
Hepatitis	Y	N

Excessive bleeding	Y	N
Herpes	Y	N
Malignancies	Y	N
Thyroid problems	Y	N
History of mumps	Y	N
History of measles	Y	N
History of rheumatic fever	Y	N
Receiving psychiatric care	Y	N
Sinus problems	Y	N
History of scarlet fever	Y	N
History of stroke	Y	N
Radiation treatments	Y	N
Birth control pills	Y	N
Pregnant	Y	N

Any further comments you'd like us to be aware of?
(Please explain Yes answers below)

_____
_____
_____

SIGNATURE UPDATES

DATE:	Parent/Guardian:	Doctor: