

RE CARE UPDATE

Dear Parents,

To ensure that we have up-to-date medical information, we are required to obtain the following information *every six months* or sooner if a major medical change has taken place. Thank you for taking the time to answer the following questions.

Child's Name: _____ DOB: _____ Age: _____

Address: _____ ZIP: _____

Parent's Name: _____ E-mail address: _____

Home phone #: _____ Cell phone #: _____

1. Name of **physician** and phone number: _____

2. Has your child's **medical history** changed since your last visit? _____

If yes, please explain: _____

3. Is your child taking any **medication** at the present time? _____

If yes, please explain: _____

4. Is your child **currently undergoing** any medical treatment? _____

If yes, please explain: _____

5. Does your child have any **heart** related conditions [ex. Heart murmur]? _____

If yes, please explain: _____

6. Does your child have any **health problems** that need further clarification? _____

If yes, please explain: _____

7. Is your child **allergic** to any medications, dyes, food, flavors or LATEX? _____

If yes, please list: _____

8. Has your child had any **injuries/accidents** involving the head, face, or teeth

Since our last visit? _____

9. Are there any **dental related questions** that need to be discussed with the

Dentist? _____

10. **Siblings names** and ages: _____

What do you like most about our office? _____

Have there been any **CHANGES to your insurance** since your last visit? IF YES, please furnish a copy of the insurance card. Insurance Co: _____ Subscriber ID#: _____

Name of Employer: _____

Address of Insurance Co. _____ Phone# _____

Signature: _____ Relationship to patient: _____

Date: _____ Doctor's Signature: _____