EDUARDO CORREA, D.D.S.
pediatric dentistry

Welcome Back to Our Office!

Please inform us of any updates to your child's medical and oral health by filling out the following form:

Parent and Patient Information

Name of Child: _____ Nickname: _____ __ Age: _____

Who is accompanying the child today? _____ Relationship to Child: _____

Any changes to your child's insurance? □ **Y** □ **N** New Insurance: _____

Any changes to your contact information or home address? □ **Y** □ **N** If ***YES***, please list:

Address: _____ City: _____ Zip: _____

Home: _____ Cell: _____ Email: _____

May we contact you via email and/or text message to confirm appointments & to receive our quarterly newsletter? □ **Y** □ **N**

Child's Hobbies, Interests, or Recent Activities since last visit: _____

__ _____

Any recent change to the child's Medical History? If so please list: _____

_____

Reason for today's visit:_____

Area(s) of concern:_____

Is your child taking any fluoride supplements? □ **Y** □ **N** Does your child use fluoridated toothpaste? □ **Y** □ **N**

Does your child brush daily? □ **Y** □ **N** Does parent help? □ **Y** □ **N** Does your child use floss? □ **Y** □ **N**

Do you experience difficulty in brushing or flossing your child's teeth?: □ **Y** □ **N**

Please explain:_____

**** Please circle if your child eats or drinks the following *DAILY*:**

Sports Drinks: _____ oz	Chips/Crackers/Cookies	Gummi Snacks
Soda Pop: _____ cans	Candy /Taffy	Fruit Roll Ups/Fruit Leather
Juice/Fruit Drink: _____cups	Gummi Vitamins	Other_____

**** Please circle if your child currently has or is experiencing any of the following:**

Toothaches	Trauma to tooth/face	Lip/Cheek biting
Jaw pain	Sensitivity to hot/cold	Current Pacifier/Finger Habit
Bleeding gums	Bad Breath	Acid Reflux
Mouth breathing	Clenching/grinding	Tongue thrust
Sensitivity to sweets	Orthodontics	Dry Mouth

I have reviewed the above to be correct to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

Dr. Signature _____

Thank you for your time! Your answers will help us better provide for your child.