Patient Information Update

Child's Legal Name _____ Preferred Name _____ Gender Preference _____

Child's Home Street Address _____ City _____ State Michigan Zip _____

Name of Person Completing Paperwork _____ Relationship to Child _____

Who has legal custody of the child? _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Relationship to Child _____ Relationship to Child _____

Primary Phone # _____ Secondary Phone # _____ Primary Phone # _____ Secondary Phone # _____

Email _____ Email _____

☐ Check here if address same as child's OR indicate below ☐ Check here if address same as child's OR indicate below

Address: _____ Address: _____

Parent's/Guardians Marital Status: Single ◯ Married ◯ Divorced ◯ Separated ◯ Widowed ◯ Domestic Partners ◯

Has the child's dental insurance changed since the last visit? Yes ____ No ____ If *YES, please inform the front desk staff*

Check any of the following which your child has had or presently has**:**

☐ADD/ADHD	☐Diabetes	☐Mental Illness
☐Allergies	☐Down Syndrome	☐Pregnancy
☐Arthritis	☐Emotional Impairment	☐Premature Birth
☐Artificial Joint/Valve	☐Hearing Impairment	☐Physical Impairment
☐Asthma	☐Hepatitis/Liver Disorder	☐Seizure Disorder
☐Autism	☐High Blood Pressure	☐Sickle Cell Anemia/Trait
☐Bleeding Disorder	☐HIV	☐Speech Impairment
☐Cancer	☐Hospitalization	☐Surgery
☐Cerebral Palsy	☐Kidney Disorder	☐Tuberculosis
☐Congenital Heart Defect	☐Latex Sensitivity	☐Vision Impairment

☐ Check here if NONE apply

Please explain any of the above checked conditions or any serious medical conditions not listed: _____

_____

Please list all medications your child is currently taking: _____

Please list all medications your child has an allergic reaction to: _____

Child's Physician: _____ Physician Phone #: _____

I understand that the above information that I have given is correct to the best of my knowledge, that it will be held in the strictest confidence and it is my responsibility to inform this office of any changes to my child's medical status.

_____ _____

Signature of Parent or Guardian **Date**