



HEALTH QUESTIONNAIRE

● GENERAL INFORMATION

DATE _____

Mother _____
 Address _____
 City, Zip _____
 Date of Birth _____ Phone _____
 Social Security No. _____
 Employer Name _____
 Address _____
 City, Zip _____
 Phone _____ Cell _____
 Email _____

Father _____
 Address _____
 City, Zip _____
 Date of Birth _____ Phone _____
 Social Security No. _____
 Employer Name _____
 Address _____
 City, Zip _____
 Phone _____ Cell _____
 Email _____

Name of person and phone # to contact in case of emergency _____

Who may we thank for referring you to us? _____

PLEASE COMPLETE THE FOLLOWING INFORMATION if you want this office to work with your insurance carrier:

First Dental Insurance Company Name _____ Which parent? _____

Second Dental Insurance Company Name _____ Which parent? _____

I hereby authorize the release of medical information to my insurance company that may be pertinent to my case. I further authorize direct payment to David W. Merrell, DDS, MSD from the above listed insurance companies (if any) and any unpaid balances will be paid by me.

Parent Signature _____

● CHILD'S HISTORY (These questions are of great value in aiding us to a better understanding of your child)

Child's Name _____ M / F _____ Nickname _____ Age _____ Birthdate _____

Child lives with _____ Child's Social Security No. _____

Name and Ages of Brother and Sisters _____

Child's Physician or Pediatrician _____

● DENTAL HISTORY

NO YES

1. Is this your child's first visit to the dentist? _____ If no, date of last checkup _____
2. Has your child had a toothache recently? _____ If yes, list _____
3. Has your child fallen and chipped or bumped any of his teeth? _____ If yes, list _____
4. Has your child had any unfavorable experiences in the dental office? _____ If yes, explain _____
5. Has your child a history of thumbsucking, lip or nail biting, Pacifier habit, grinding teeth at night? _____
6. Do you brush your child's teeth? _____ If yes, how often? _____

● MEDICAL HISTORY

1. Do you consider your child to be (for his age) Check one: Advanced _____ Progressing Normally _____ A Slow Learner _____

2. What type of water supply do you have? City / County _____ or well _____

3. Has your child ever experienced or ever been diagnosed with having any of the following? (Circle if yes)

Epilepsy, Seizures, Convulsions, Recurrent Headaches, Mental Retardation, Hyperactivity (Attention Deficit Disorder), Heart Disease or Murmurs, Anemia, Bleeding Disorder, Blood Transfusion, Aids or Aids related Complex, Sickle Cell Anemia, Stomach Disease, Kidney or Liver Disease, Hepatitis, Asthma, Bronchitis, Pneumonia, Rheumatic Fever, Scarlet Fever, Cerebral Palsy, Diabetes, Problems with Sight or Hearing, Temporo-Mandibular Disorder, Cancer, Tumor or any significant medical problem (List)

NO YES

4. Allergies _____ If yes, list _____
5. Is your child taking any medications at this time? _____ If yes, list _____
6. Is your child taking any Vitamins at this time? _____ If yes, list _____
7. Has your child had any unfavorable reaction or allergy to Medication, such as penicillin, aspirin or local anesthetic? _____ If yes, list _____
8. Has your child ever been hospitalized? _____ If yes, list _____
9. Has your child had a physical exam within the last year? _____

CONSENT:

Your child is a minor. It, therefore, is necessary that a signed permission be obtained from a parent or guardian before any or all necessary dental service can be started. Authorization is also necessary to release medical information to my physician if needed. Authorization is hereby granted as such.

Signed _____

It is understood that I / We have the principal financial obligation for treatment of _____ (patient's full name). I / We further covenant and agree that should I / We fail to meet this financial obligation, I / We will pay additional cost of collection, including court costs, attorney's fees and legal interest on the balances from the date of this agreement.

I have reviewed my child's medical history, and informed Dr. Merrell of any changes.

Initials - Date _____