PATIENT INFORMATION

Date______________________ Patient ID # (for office use)_____________ Birthdate______________________________

Name of Minor____ Sex ___M ___F Age____________

Last First Middle Initial

MEDICAL HISTORY

Child's Physician____________________________ City/State_____________________________ Phone (____)______________

Date of last physical examination_______________ Results____

Is Child under care of physician now?.......____Yes ____No Medications____

Receiving any medications or drugs?........____Yes ____No ____

Ever been hospitalized? ....____Yes ____No ____

Ever had surgery? ....____Yes ____No Allergies____

Is there excessive bleeding when cut?.......____Yes ____No ____

Has minor/child had any history of or difficulty with any of the following? If yes please (x)

___A.I.D.S./H.I.V	___Cerebral Palsy	___Epilepsy	___Kidney Disease	___Rheumatic Fever
___Anemia	___Chicken Pox	___Fainting	___Liver Disease	___Sinus Problems
___Asthma	___Convulsions	___Hearing Problems	___Measles	___Thyroid Disease
___Bladder Problems	___Diabetes	___Heart Problems	___Mononucleosis	___Tuberculosis
___Cancer	___Drug/Alcohol Abuse	___Hepatitis	___Mumps	___Other

____ ____

Signature of Patient, Parent, Guardian or Personal Representative

Please print name of Patient, Parent, Guardian or Personal Representative

____

Date

Christine M. Saad DDS PC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-248-693-5844.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم –(248-693-5844) رقم هاتف الصم والبكم:.