CHILD'S REGISTRATION AND HIST	ORY	Vi				z z
						Date
Child's name			Nickname	2)	Age	Birth date
Residence address			City		State	Zip
School			Address			Grade
Father's name			Mother's name			- · · · · · · · · · · · · · · · · · · ·
Father employed by			How long	Home phone	4.	Bus. phone
Mother employed by			How long	Home phone		Bus. phone
Person financially responsible (if other than parent)				Relationship to	child	
Address			City	State	Zip	Phone
Father's Social Security number			Driver license no.			State
Mother's Social Security number	100 m k y		Driver license no.			State
Father's birth date			Mother's birth date			
Credit card name			No.	Expiration date)	
When dental insurance coverage name of carrier						
Secondary insurance coverage, if any					// (
Whom may we thank for referring you						
What is child's favorite: sport toy			hobby	person		fictional character
	DEI	NTAL	HISTORY			Yes No
Date of last visit to a dentist			Does your child brus	h teeth daily		
For what service			Do you assist child v	vith tooth brushing _		
		No	How often			
Has child complained about dental problems			Is dental floss used			
	E 27	See Control	How often			
Any unhappy dental experiences			Are disclosing tablet			
Any injuries to mouth - teeth - head			ls fluoride taken in a	ny form		
			Do you desire comp	ete dental service fo	or the child	
Any mouth habits - thumbsucking, nail biting, mouth			,			
breathing, nursing bottle habits, pacifier, etc.						
Any unusual speech habits			Child's attitude to de	ntistry		
						
Any lost teeth			Summary (for doctor	's use)		
Have missing teeth been replaced						
Orthodontic appliances worn now or ever been				Other Harris Street, and the S		
Item 21022						