

**JAMES ROSS STAMPER, D.D.S.
DAVID L. SKIBELL, D.D.S., M.S.**

DENTISTRY FOR INFANTS, CHILDREN AND TEENAGERS

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE RECEPTIONIST.
THESE QUESTIONS ARE OF GREAT VALUE IN AIDING US TO A BETTER UNDERSTANDING OF YOUR CHILD.

Child's name _____ Nickname, if any _____
Age _____ Birthday _____ Place of Birth _____
Attends what school _____ Grade _____
Name and age of brothers and sisters _____
Child's physician or pediatrician _____ Physician's Phone _____
Family dentist _____
Who may we thank for referring you to us? Mag. _____ Newspaper _____ Yellow Pages _____ Friend _____ Doctor _____
Name of person referring you _____
Purpose of visit _____

	CHECK ONE	
	Yes	No
Name of child's pet and child's hobby _____		
Gender M _____ F _____		
1. Is your child in good health? _____		
2. Has your child had any history of epilepsy, blood disorders, cerebral palsy, heart trouble, allergies, diabetes, asthma, kidney or liver disorders (if yes, underline condition) for which he or she has received treatment or medicine? _____		
3. Has your child had any unfavorable reaction or allergy to drugs, including antibiotics and local anesthetic solution? If so, please specify. _____		
4. Has your child ever been hospitalized? (If yes, when and why) _____		
5. Has your child been tested for HIV? Hepatitis? (circle) Negative _____ Positive _____		
6. Is your child taking medicine? If so, what? _____		
7. Has your child had any history of thumbsucking, fingersucking, lip biting, nail biting? (If yes, underline condition) _____		
8. Is your child adopted? Yes _____ No _____ Has mother or father had a lot of decay? _____		
9. In your family is there any history of any malocclusions, bad bites, missing or extra teeth? (Underline and explain) _____		
10. Has your child had any unfavorable experience in a dental or medical office? (If so, please underline which) _____		
11. Do you consider your child to be high strung or generally nervous or hyperactive? _____		
12. Has your child had a toothache recently? Yes _____ No _____ Is your child in pain now? _____		
13. Give date of last dental care _____ Where? _____		
14. Is your child (circle one): advanced in the learning process average a slow learner		
15. Do father and mother and child live together? If no, please explain. _____		

Father _____

Full name

Mother _____

Full name

Home Address _____ Phone _____

Street, City, State & Zip Code

In case of emergency — name of nearest relative or friend: _____ Phone _____

Remarks:

Father Employed _____ Occupation _____
If self, please state business name
Business Address _____ Phone _____
Street, City, State, Zip Code
Mother Employed _____ Occupation _____
If self, please state business name
Business Address _____ Phone _____
Street, City, State, Zip Code

Do you have dental insurance? YES _____ NO _____

FATHER

MOTHER

Name of Insurance Co.	_____	_____
Group No.	_____	_____
Insurance Co. Address	_____	_____
	_____	_____
Insurance Co. Phone	_____	_____
Insurance Co. Fax	_____	_____
Contact Person	_____	_____
Social Security No.	_____	_____
Drivers License No.	_____	_____
Birthday	_____	_____

If you have previously completed this form for another child, please give that child's name _____

Because your child is a minor, it becomes necessary that a signed permission is obtained from a parent or guardian before any and/or all necessary dental service can be started and accomplished.

The signature of a parent or guardian affixed below authorizes the completion of all agreed upon dental service and the use of those methods appropriate thereto. This consent shall remain in full force and effect until cancelled by either party. Furthermore, I will be responsible for any bill incurred on this child for dental treatment.

Signed _____ Date _____
Parent or guardian

If your child is having dental treatment today,
please do not leave our office unless the dentist has approved.
Dr. Stamper or Dr. Skibell may need to talk to you during treatment.

In keeping with our commitment to provide the highest quality care for our patients, our office is providing
COMPREHENSIVE STERILIZATION AND INFECTION CONTROL MEASURES.
These measures meet or exceed all governmental guidelines.