DOMINICK J. FALCONE, D.M.D. 1546 BLACKWOOD-CLEMENTON ROAD

BLACKWOOD, NJ 08012



child registration & health history questionnaire

LAST NAME, FIRST	Who is the child's physician?	
STREET ADDRESS	Address	
CITY, STATE ZIP	Is the child under his/her care now? No	Yes
HOME PHONE WORK PHONE	Explain:	
BIRTHDATESEX	Has the child ever been hospitalized?	Yes
RESPONSIBLE PARTY'S NAME	Explain:	7
DENTAL PLAN INFORMATION	Has the child ever had general anesthetic? No	Yes
PRIMARY DENTAL INSURANCE CO	Explain:	
SECONDARY DENTAL INSURANCE CO.	Were there any complications? No	Yes
POLICY HOLDER	Explain:	
RELATIONSHIP TO CHILD Has the child ever had abnormal bleeding associated with previous		previous
SOCIAL SECURITY #	extractions, surgery, or accidents?	Yes
EMPLOYER	Explain:	
EMPLOYER ADDRESS		Yes
GROUP # LOCAL # POLICY #	How long:	
HAS ANYONE IN CHILD'S IMMEDIATE FAMILY BEEN SEEN IN THIS OFFICE?	Approximate date of last dental visit	
THAS ANTONE IN OTHER OTHER STATE TAINING SECTION	Approximate date of last dental x-rays	
NAME AND PHONE # OF SOMEONE TO CONTACT IN CASE OF	I VERIFY THE ABOVE AND GIVE MY CONSENT FOR TE	
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EMERGENCY		
	SIGNATURE DATE	•
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IS THE CHILD ALLERGIC OR DOES THE CHILD REACTED ADVERSELY TO:	COMMENTS	
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