



CHILDREN'S DENTISTRY

Glen R. Korsen, DDS

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Smithtown, NY 11787

631-265-3266 • kids-smile.com

We would like to welcome you and your child to our office. Our goal is to make every child's visit pleasant and educational.

Our practice is based on preventive care. We strive to teach good oral care that will enable your child to have a beautiful smile that lasts a lifetime.

Child's Name: first middle last Nickname

Lives with: Both Parents Mother Father Other

Sex: Male Female Birthday Age School Grade

Siblings: Last Name First Name Birthday

- 1.
2.
3.

Responsible Party Information

Name: Father Mother Other Married Single

Social Security #: DOB

Phone # (Home): Work: Occupation:

Address:

Name: Father Mother Other Married Single

Social Security #: DOB

Phone # (Home): Work: Occupation:

Address:

Health Information

Child's Pediatrician Address Phone

Has your child ever been diagnosed as having any of the following conditions?

Table with 4 columns of conditions and Y/N response options. Conditions include Anemia, Asthma, Autism, Birth Defects, Bladder Conditions, Blood Transfusions, Bone Or Joint, Brain Injury, Bruising Easily, Cancer Or Malignancies, Cerebral Palsy, Child Abuse, Chronic Adenoid/Tonsil Infections, Chronic Ear Infections, Chronic Headaches, Cleft Lip/Palate, Convulsions/Seizures, Developmental Delay, Diabetes, Drug Or Alcohol Abuse, Emotional Disturbance, Epilepsy, Excessive Bleeding, Excessive Gagging, Eye Problems, Fainting Or Dizziness, Spina Bifida, Growth & Development Problems, Hearing & Speech Problems, Heart Murmur, Any Other Heart Problem, Hemophilia, Hepatitis/Liver Disease, Hormone Conditions, Hospitalizations Overnight, Hyperactivity/ADD/ADHD, Jaundice, Kidney Disease, Leukemia, Syndrome-Type?, Mental Retardation, Nutritional/Eating Disorder, Oral Ulcers, Orthopedic Problems, Pneumonia, Premature Birth, Rheumatic Fever, Scoliosis, Sedations Or General Anesthesia, Sickle Cell Anemia, Sinus Problems, Tuberculosis.

Please list any current medical treatment including pending surgery or recent injury.

Please list any allergies to medicines/drugs that your child has.

Please list any medicines/vitamins that your child uses.

Does your child need to be premedicated before dental treatment?

Please describe all yes answers and any other medical condition that your child may have that is not covered on this form.