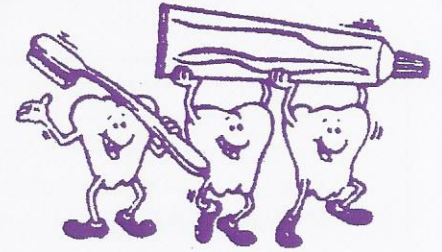


Welcome!



SHIRIN YASREBI, D.D.S.

Pediatric Dentistry For Infants, Children and Teenagers

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.

1

ABOUT YOUR CHILD

Name: _____
Last First Initial

Nickname: _____ Age: _____

Birthdate: _____ Male Female
Month Day Year

Social Security #: _____

Names and Ages of Brothers and Sisters: _____

Special interests, sports or hobbies: _____

School: _____ Grade: _____

Home phone: _____

Home address: _____

Apt./Condo # City State Zip Code

Parent's E-Mail: _____

Our office is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA.

2

ABOUT YOU

Father's name: _____

Employed by: _____

Employer's address: _____

Work phone: _____ Ext. _____

Cell Phone _____ Birthdate: ____/____/____

Social Security # _____

Mother's name: _____

Employed by: _____

Employer's address: _____

Work phone: _____ Ext. _____

Cell Phone _____ Birthdate: ____/____/____

Social Security # _____

Whom may we thank for referring you?

Name: _____ Phone: _____

Nearest friend or relative not living with patient:

Name: _____ Phone: _____

Address: _____

Relationship: _____

3

INSURANCE

Dental Ins. Co. : _____

Insurance Co. phone #: _____

Group#: _____

Employee name: _____

Relationship to child: _____

Employee Social Security #: _____

Employee birthdate: _____

Employer: _____

Please turn to complete other side

4

DENTAL/MEDICAL HISTORY

Has your child been to the dentist before? Yes No

If yes, name of previous dentist _____

If yes, the approximate date of last visit: _____

Are there any dental problems that you are aware of at present?

Yes No If yes, please explain: _____

Does your child brush his/her teeth daily? Yes No

Is there a history of oral habits (thumb sucking, lip or nail biting)

Yes No

Please rate your child's oral health? Good Fair Poor

Child's Pediatrician: _____

The approximate date of last visit: _____

Has your child ever had a serious illness or operation? Yes No

If yes, please explain: _____

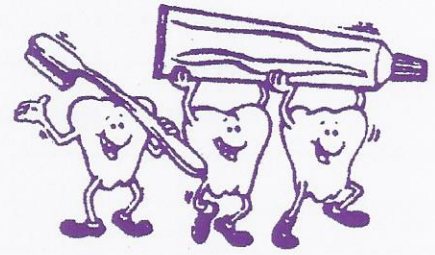
Please rate your child's medical health: Good Fair Poor

Does your child have allergies or any unfavorable reaction to any medicine such as: Penicillin, Aspirin, Demoral or Local Anesthesia?

Yes No If yes, please list: _____

Is your child taking any Medications? Yes No

If yes, please list: _____



5

HAS YOUR CHILD HAD ANY OF THE FOLLOWING MEDICAL CONDITIONS OR PROBLEMS?

Please Circle

- Y N Heart murmur
- Y N Heart problems of any kind
- Y N Rheumatic Fever
- Y N Convulsions/Epilepsy
- Y N Seizures
- Y N Cancer
- Y N Diabetes
- Y N HIV+/AIDS
- Y N Hepatitis
- Y N Hemophilia
- Y N Bleeding problems of any kind
- Y N Sickle Cell Disease/Traits
- Y N Hearing Impairment
- Y N Hyperactive
- Y N Any operations
- Y N Any stays in hospital
- Y N Fainting
- Y N Cerebral Palsy
- Y N Handicaps/Disabilities
- Y N Pneumonia
- Y N Respiratory problems of any kind
- Y N Tuberculosis
- Y N Asthma or Bronchitis
- Y N Liver disease
- Y N Kidney or Bladder disease

Are there any other medical conditions or problems relating to your child? Please list:

6

In the event of an emergency, who should we contact?

Name: _____

Relationship: _____

Phone: _____ Phone #2: _____

I understand that the information that I have given is correct to the best of my knowledge, that it will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my child's medical status. I also authorize Dr. Yasrebi and the dental staff to perform the necessary dental services my child may need.

The Parent or Guardian who accompanies the child is responsible for payment at time of service unless prior arrangements have been approved. Our office will file your insurance as a courtesy, any remaining balance due after 60 days is the responsibility of the parent or guardian.

Do you consent Dr. Yasrebi and staff to use your child's name and/or picture on Social Media? _____ Yes _____ No

Signature of Parent or Guardian: _____ Date: _____

HEALTHY TEETH ARE HAPPY TEETH!