



MICHAEL G. WHARTON-PALMER, D.D.S.

Pediatric Dentistry

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870-774-3278

Child's Name _____ Age _____

Parent's Name _____

Address _____
City _____ State _____ Zip _____

With whom does patient live? _____

Home Phone _____ Cell Phone _____

Is the patient covered by dental insurance? Yes _____ No _____

Primary Carrier _____ Secondary Carrier _____

Mother's current employer _____ Work Phone _____

Email _____

Stepmother's current employer _____ Work Phone _____

Email _____

Father's current employer _____ Work Phone _____

Email _____

Stepfather's current employer _____ Work Phone _____

Email _____

To assist us in keeping your child's medical history up to date, would you please answer the following questions:

1. Has your child seen his/her physician since your last visit? Yes _____ No _____

If so, why? _____

2. Has your child's medical history changed since your last visit? Yes _____ No _____

If so, how? _____

3. Is your child taking any medication at the present time? Yes _____ No _____

If so, what and why? _____

4. Has your child received any injections within the last year? Yes _____ No _____

If so, what? _____

5. Any injury to the head or neck in last 6 months? Yes _____ No _____

If so, what? (ex. front teeth) _____

Cause of injury (ex. car accident, bike, door, etc.) _____

6. Any dental problems developed or developing that you are aware of? Yes _____ No _____

7. Other dental or medical related concerns or problems _____

Date _____ Signed _____