

# Welcome

We would like to welcome you and your child to Armstrong Advanced Dental Concepts. 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 \_\_\_\_\_

NICKNAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ MALE  FEMALE

SS# \_\_\_\_\_ AGE \_\_\_\_\_

SPECIAL INTERESTS, SPORTS OR HOBBIES:  
\_\_\_\_\_  
\_\_\_\_\_

HOME ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE \_\_\_\_\_

REFERRED BY \_\_\_\_\_

## 2 About You



YOUR NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SS# \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

## 3 Insurance

INSURANCE COMPANY \_\_\_\_\_

GROUP # \_\_\_\_\_ INSURED'S ID # \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

INSURED'S NAME \_\_\_\_\_

INSURED'S DATE OF BIRTH \_\_\_\_\_

INSURED'S RELATIONSHIP TO PATIENT \_\_\_\_\_

INSURED'S SSN \_\_\_\_\_ PATIENT'S SSN \_\_\_\_\_

## Secondary Insurance

INSURANCE COMPANY \_\_\_\_\_

GROUP # \_\_\_\_\_ INSURED'S ID # \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

INSURED'S NAME \_\_\_\_\_

INSURED'S DATE OF BIRTH \_\_\_\_\_

INSURED'S RELATIONSHIP TO PATIENT \_\_\_\_\_

INSURED'S SSN \_\_\_\_\_ PATIENT'S SSN \_\_\_\_\_

*A* **ARMSTRONG**  
ADVANCED DENTAL CONCEPTS  
STANLEY ARMSTRONG, DMD



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# 4 Dental/Medical History

HAS YOUR CHILD BEEN TO THE DENTIST BEFORE?  Yes  No

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

RATE YOUR CHILD'S ORAL HEALTH:  Good  Fair  Poor

CHILD'S PHYSICIAN: \_\_\_\_\_

PHYSICIAN PHONE NUMBER: \_\_\_\_\_

APPROXIMATE DATE OF LAST VISIT: \_\_\_\_\_

RATE YOUR CHILD'S MEDICAL HEALTH:  Good  Fair  Poor

IS YOUR CHILD ALLERGIC TO ANY DRUGS OR OTHER THINGS?  Yes  No

IF YES, PLEASE LIST: \_\_\_\_\_

IS YOUR CHILD TAKING ANY PRESCRIPTION DRUGS?  Yes  No

IF YES, PLEASE LIST: \_\_\_\_\_

DOES YOUR CHILD REQUIRE ANTIBIOTICS BEFORE DENTAL TREATMENT?  Yes  No



# 5 Medical Conditions

HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING CONDITIONS?

- Y N Any Hospital Stays
- Y N Any Operations
- Y N Bleeding Problems of Any Kind
- Y N Cancer
- Y N Convulsions/Epilepsy
- Y N Diabetes
- Y N Hearing Impairment
- Y N Heart Murmur
- Y N Heart Problems of Any Kind
- Y N Hemophilia
- Y N HIV+/AIDS
- Y N Hyperactive
- Y N Rheumatic/Scarlet Fever

ARE THERE ANY OTHER MEDICAL CONDITIONS OR PROBLEMS RELATING TO YOUR CHILD?  Yes  No

IF YES, PLEASE LIST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

# 6 Nutrition & Supplements

LIST ANY SUPPLEMENTS/VITAMINS THAT YOUR CHILD TAKES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CIRCLE FOODS PART OF YOUR CHILD'S DIET:

JUICE      MILK      SODA      CANDY      SPORTS-DRINKS

DOES YOUR CHILD:

TAKE FLUORIDE TABLETS  Yes  No

DRINK FLUORIDATED WATER  Yes  No

USE TOOTHPASTE WITH FLUORIDE  Yes  No

# 7 Emergency Contact



NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

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 of confidence, and it is my responsibility to inform this office of any changes in my child's medical status. I authorize 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.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Thank you for filling out this form completely. It will enable us to give your child the best dental care possible. If you or your child have any questions, please feel free to ask us at any time.