



Rhonda L. Kearney, DDS, MS, PLLC
Diplomate of the American Board of Pediatric Dentistry
451 Ruin Creek Rd., Suite #205 • Henderson, NC 27536
Tel: 252-492-KIDS (5437) • Fax: 252-492-5440
www.hendersonpedo.com

Demographic and Health History Update

Dear Parents/Guardians,

In order to provide comprehensive dental health care, we require just a few minutes of your time to complete and sign this demographic and health status report. Thank you.

Patient Name: _____ Birthdate: ____/____/____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____

Zip: _____

Home Phone: _____ Cell Phone: _____ Emergency Contact Phone: _____

Any change in your child's dental insurance coverage? _____

- 1. Change in physician since last dental checkup? Yes No
- 2. Has your child seen his/her physician since the last dental visit? Yes No
- 3. Change in medical history since the last visit (i.e. illness, surgery) Yes No
- 4. Any medication (i.e. new medications, antibiotics) since the last office visit? Yes No
- 5. Has your child become allergic to any medications since the last visit? Yes No
- 6. Has your child been in the hospital/emergency room since the last visit? Yes No
- 7. Has your child had any injuries since their last visit? Yes No
- 8. Change in family emotional history since the last visit (i.e. divorce)? Yes No

Please note changes or comments below regarding any of the above questions or any dental concerns that you may have. To save you time, if you have no comments to make, please write "NC", date and sign the form.

Date: ____/____/____ Parent/Guardian Signature: _____