

**TYLER CARTER, DDS**  
DIPLOMATE, AMERICAN BOARD  
OF PEDIATRIC DENTISTRY



**RANDY WEINSHEL, DDS**  
DIPLOMATE, AMERICAN BOARD  
OF PEDIATRIC DENTISTRY

## CONTINUAL HEALTH STATUS FOR YOUR CHILD

Female  
 Male

Child's Name	Date of Birth	
Parent's Name	Email:	
Address	City	Zip
Home Phone	Cell Phone	
Current Insurance Company	Phone	
Employee	Group No	

**TO ASSIST US IN KEEPING YOUR CHILD'S MEDICAL HISTORY UP TO DATE, WOULD YOU PLEASE ANSWER THE FOLLOWING QUESTIONS:**

\_\_\_\_ Please check here if there have not been any changes  
Has your child's medical history changed since your last visit? Yes \_\_\_\_ No \_\_\_\_  
If so, why? \_\_\_\_\_

Is your child taking any medications at the present time? Yes \_\_\_\_ No \_\_\_\_  
If so what and why? \_\_\_\_\_

Any injury to head or neck in the last 6 months? Yes \_\_\_\_ No \_\_\_\_  
If so what? (ie: front teeth) \_\_\_\_\_

Have any dental problems developed or are developing that you are aware of? Yes \_\_\_\_ No \_\_\_\_  
If so what? \_\_\_\_\_

Are there any other dental or health related concerns or problems? \_\_\_\_\_  
\_\_\_\_\_

Signature

Date

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O: 480-802-2200 | F: 480-802-8400

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