



## Patient's Registration and History

Welcome to our Practice! To provide the best and safest comprehensive dental care for your child we are thanking you in advance for completing our detailed medical history form.  
*Please print in black or blue ink.*

Mary E. Tierney DDS, MS  
Rebecca J. Testa DDS, MS  
Allison McMahon DDS  
Esther Levine Pincus DMD  
Diplomates, American Board  
of Pediatric Dentistry

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Please check YES (Y) or NO (N) as it applies to your child:

Y	N	Y	N	Y	N		
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## Dental History

Is this your child's first dental visit?  YES  NO

Previous Dentist: \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_ Date of Last X-Rays: \_\_\_\_\_

How often does your child brush? \_\_\_\_\_

Is tooth brushing supervised?  YES  NO

Is dental floss used?  YES  NO

Does your child receive any of the following (check all that apply):

Fluoride in vitamins  
\_\_\_\_\_ mg/day

Fluoridated tap water  
 Fluoride tablets/drops  
\_\_\_\_\_ mg/day

Vitamins  
 chewable  
 gummy  
 liquid

Filtered tap water

Bottled water

Please indicate if your child has any of the following mouth habits. (check all that apply):

Currently Breastfeeding

Thumb or finger sucking

Gagging easily

Bottle Feeding

Pacifier

Mouth breathing

Cheek Biting

Nail biting

Snoring

Teeth Grinding/clinching

Sippy Cup

Please estimate your child's daily exposure to:

Water: \_\_\_\_\_ cups

Sports drinks: \_\_\_\_\_ cups

Candy: \_\_\_\_\_ cups

What is your child's favorite

Milk: \_\_\_\_\_ cups

Vitamin Water: \_\_\_\_\_ cups

Fruit pouches: \_\_\_\_\_ cups

snack? \_\_\_\_\_

Soda: \_\_\_\_\_ cups

Cookies: \_\_\_\_\_ cups

Fruit snacks: \_\_\_\_\_ cups

Juice: \_\_\_\_\_ cups

Crackers: \_\_\_\_\_ cups

Dried fruits: \_\_\_\_\_ cups

Has your child suffered any injuries to your child's teeth or jaws?

YES  NO Explain: \_\_\_\_\_

Has your child experienced any unfavorable reaction from previous dental or medical care?

YES  NO Explain: \_\_\_\_\_

Has your child had recent dental pain or a specific dental problem that needs special attention?

YES  NO Explain: \_\_\_\_\_

Does your child wear a mouth guard for sports?

YES  NO

Is there anyone in the family with a history or missing teeth?

YES  NO Extra teeth:  YES  NO

Do you have any questions prior to your child's visit today?

YES  NO

## Consent

The permission of a parent or guardian is necessary for dental treatment of a minor.

As parent or guardian of the above patient, I authorize and request the performance of routine dental services and diagnostic records (including digital x-rays) for my child by Dr. Tierney, Dr. Testa, Dr. McMahon, Dr. Levine Pincus and their staff, as may be designated. If I accept a proposed treatment plan, I authorize Dr. Tierney, Dr. Testa, Dr. McMahon, Dr. Levine Pincus and their staff to use any anesthetics considered medically necessary or advisable (local anesthetic and/or nitrous oxide) along with patient management techniques that are reasonable, necessary, and advisable for the comfort and well-being of my child. I have given an accurate report of this patient's physical and mental health history. I have also reported any prior allergic or unusual reactions to medications, latex, foods, or metals, and any other disease or condition. I agree to inform Dr. Tierney, Dr. Testa, Dr. McMahon, Dr. Levine Pincus and their staff of any changes in the medical history. This authorization is valid until revoked in writing.

Signature: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Date: \_\_\_\_\_

**Because referrals are important to us, who may we thank for referring you to our office?**

Dentist/Orthodontist/Doctor: \_\_\_\_\_

Friend: \_\_\_\_\_

Google

Yelp

Facebook

Other: \_\_\_\_\_

*Please take note that as of January 1st 2011, City Kids Dental implemented a cancellation policy. If you fail to show to the appointment or cancel with less than 48 hours notice, there will be a charge for each appointment missed or cancelled.*