



Bellevue Westlake Dental
General Dentistry

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CHILD REGISTRATION AND HEALTH HISTORY

Child's Name _____ Nickname _____

Date of Birth _____ Current Age _____

Father's Name _____ Mother's Name _____

Home Address _____ City/State _____ Zip _____

Home Phone _____ Parent's Cell _____

Father's Employer _____ Business Phone _____

Mother's Employer _____ Business Phone _____

Person Responsible for Account _____

Name of Dental Insurance Company _____

Insurance Company Address, Phone #, Group # _____

Name of Employee covered under dental plan _____

His/Her Social Security Number & Date of Birth _____

Whom may we thank for referring you _____

Purpose of this visit _____

Has child had a recent orthodontic consult or is he/she under current orthodontic treatment? _____

If so, name & phone # of orthodontist _____

DENTAL HISTORY:

Name of Previous Dentist: _____ Phone # _____

Date of Last Dental Treatment _____

PLEASE COMPLETE REVERSE SIDE ALSO

Does the child have dental fears? If so, please describe _____

How often does the child brush? _____ floss? _____

Does the child use fluoride? _____

Child's Interests & Hobbies _____

MEDICAL & DENTAL HISTORY:

Physician's Name & Phone # _____

Date of last medical exam _____ Purpose for exam _____

Has child been hospitalized? _____ For what? _____

Has child had any history of: ()

Heart Murmur☐

Heart Trouble.....☐

Kidney Disease☐

Liver Disease☐

Rheumatic Fever☐

Anemia☐

Asthma☐

Convulsions.....☐

Diabetes☐

Breathing Difficulty☐

Tuberculosis☐

Allergies to:

Local Anesthetic☐

Penicillin.....☐

Latex☐

Other☐

Emotional Problems☐

Epilepsy.....☐

Excessive Bleeding.....☐

Hearing Problems☐

Hemophilia☐

Other Blood Problems.....☐

Fainting☐

Cancer.....☐

Hepatitis A/B/C☐

Speech Impediment☐

Tumors☐

Describe X-ray History:

Other: _____

General Health: Excellent _____ Good _____ Poor _____

Medications Child is Taking _____

Emergency Contact Name & Phone # _____

It is our office policy for patients to pay for treatment at the time of service unless other arrangements are made in advance.

Parent's Signature _____ Date _____