

## Corona Kids Dental Pre-appointment Information Update

Patient Name:

First name

Last name

Does <b>your child</b> , or <b>yourself</b> currently have <b>any respiratory symptoms?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has there been <b>any changes</b> in your child's(children's) <b>health status?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child currently taking any <b>medications?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child <b>allergic</b> to anything?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have your child been to another dentist or dental specialist since your last visit with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details here for any question answered YES above:	

Please confirm that <b>whether your insurance coverage is current and active.</b> Thank you.	Yes active: <input type="checkbox"/> Not active: <input type="checkbox"/> Not applicable: <input type="checkbox"/>
Has there been <b>any change</b> (or addition) to your <b>dental insurance?</b> <b>Phone numbers? Address? Or email?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details here for any question answered YES above:	

**By signing below, I confirm that** "I am the parent or legal guardian (responsible party), and I confirm that all preceding information is true and correct."

Furthermore, I agree to **stay seated** at the parent seating area as an observer, and not to hover over my child **unless requested to help** by the dental staff.

Parent/legal guardian name

X\_\_\_\_\_

Signature, please sign on day of appointment

Date

 /  / 

Received by \_\_\_\_\_(office use only)