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Brown & Gettings, DDS
Creating Beautiful Smiles

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CHILD'S REGISTRATION

Today's Date_____

Child's name_____ **Nickname**_____ **Birthdate**_____

Address_____ **City**_____ **State**_____ **Zip**_____

School_____ **Child's favorite sport, toy, hobby, person**_____

Father's name_____ **Social security#**_____

Home phone _____ **Cell phone** _____ **Employer** _____

Mother's name_____ **Social security#**_____

Home phone _____ **Cell phone** _____ **Employer** _____

Dental insurance company_____ **Phone #**_____

Insured's name_____

Secondary insurance company_____ **Phone #**_____

Insured's name_____

CHILD'S DENTAL HISTORY

What is the reason for your visit today? _____

Date of the last visit to a dentist _____ **Services performed**_____

Has your child complained of any dental problems? _____

Any oral habits?

- **Thumb sucking**
- **Nail biting**
- **Mouth breathing**
- **Pacifier**
- **Teeth grinding**
- **Nursing bottle**

Any unusual speech habits? _____

Have braces ever been worn? _____

Do you assist your child with brushing?_____ **flossing?**_____ **How often?** _____

Are there any special concerns about your child's dental health? _____

Summary (for doctor's use) _____

Child's diet_____

Child's behavior_____

Creating healthy beautiful smiles in a family environment