

# Cedar Park Pediatric Dentistry

## Medical History Update Form

**Child's Name:** \_\_\_\_\_

*Please respond to answers by writing Yes or No. If yes, provide a brief description.*

- Have there been any changes in your child's health or medical history since their last visit?  
\_\_\_\_\_
- Please list your child's current Food / Drug allergies:  
\_\_\_\_\_  
\_\_\_\_\_
- Please list all of your child's current medications & the reason for taking:  
\_\_\_\_\_  
\_\_\_\_\_
- Has your child had any injury to the head, neck, or teeth since their last dental visit?  
\_\_\_\_\_
- Are there any conditions or problems you wish to bring to the attention of Dr. Vasut / Dr. Boboia?  
\_\_\_\_\_
- How would you prefer we contact you regarding your child's appointments?  
 Phone Call     Email     Text Message

### Have you moved?

*(Please fill out only if there have been changes)*

Email: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_

### Insurance Change?

*(Please fill out only if there have been changes)*

Insurance Co Name: \_\_\_\_\_

Insurance Co # (\_\_\_\_) \_\_\_\_\_

Claims Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Member's Name: \_\_\_\_\_

Member's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

ID# \_\_\_\_\_ Group# \_\_\_\_\_

Place of Employment \_\_\_\_\_

\*The following routine preventative services may be performed during  
your child's check up and cleaning visit today:

*cleaning, examination, application of fluoride and x-rays to diagnose dental decay.*

I accept that these services are provided in the best interest of my child, and are beneficial for his/her dental health.  
I understand that some or all of these services may or may not be covered by my insurance carrier, and that I am financially responsible for any portion not covered by insurance within 30 days of these services.

**Printed Name of Parent/Guardian** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_