



2401 NW 128th Street
Urbandale, Iowa 50323
(515) 223-5555 • www.mykidsdentist.com

Specialists in Dentistry for Infants, Children and Adolescents

All About Your Child

Patient's Name _____ Preferred Name _____ Male/Female (circle)
Birth Date _____ Siblings (names and ages) _____

Responsible Parties

Parent/Guardian's Name _____ Birth Date _____ SS# _____
Address _____ City _____ State _____ Zip _____
Employer _____ Occupation _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email _____

Parent/Guardian's Name _____ Birth Date _____ SS# _____
Address _____ City _____ State _____ Zip _____
Employer _____ Occupation _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email _____

Alternate contact _____ Phone _____

Insurance

Dental Insurance Company and Phone Number _____
Policy Holder Name and ID # _____
Group Number _____ Patient's Physician _____
Medical Insurance Co. _____ Policy Holder Name and ID # _____

Dental History

Is this your child's first dental visit? Yes/ No Referred by _____
Previous Dentist _____ Date of Last Dental Visit _____
Any history of injury to child's teeth or jaws? _____

History of:

Breastfeeding Y / N Sleeping with a bottle Y / N Pacifier Y / N
Thumb/finger sucking Y / N Dental grinding/clenching Y / N

Has your child had any unfavorable dental or medical experience? _____
How do you think your child will act toward the dental care team? _____
Has your child had recent dental treatment? Y/N Recent dental pain? _____
Brushing Habits: Frequency? _____ Flossing? _____ Assisted/supervised? _____
Fluoride vitamins or drops Y / N Does your child drink well water? Y / N

PLEASE SIGN FOR ACKNOWLEDGEMENT OF HIPPA PRIVACY POLICY PRACTICES _____