Snoqualmie Valley Kids Dentist 34929 SE Ridge Street #220 Snoqualmie, WA 98065

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Snoqualmie Valley Kids Dentist.com



## Welcome

We are pleased to welcome you and your child to our practice. Please print this page and take a few minutes to fill out this form as completely as you can. If you have any questions we will be glad to help you.

Child's Name:	SSN:	
FIRST MIDDLE	LAST	
Address:	City:	
State:		
Home Phone:		
Sex: □ M □ F Age:Birthdate:		
Whom may we thank for referrring you?	30001	
Notify in case of emergency (other than parents):	Phone:	
PARENTS/GUARDIAN INFORMATION:		
ather/Guardian's Name:		
Address:		
Home Phone: Work Phone:		
mployer:		
Occupation:		
SSN:		
Sirthdate:		
Email:		
Do you have dental insurance?  Yes No	Do you have dental insurance?  Yes No	
Plan Name:	,	
Address:		
Phone:		
Group #:		
DENTAL HISTORY		
What would you like us to do for your child today?		
ormer Dentist:		
Address		
Date of last dental care:		
low often does your child brush?		
Does you child experience pain or discomfort in the jaw joint?		
las your child experienced a mouth or chin injury?	□ Yes □ No	
	□ Yes □ No	
Does your child have speech problems?		
las your child ever experienced an adverse reaction during or in conjunction	•	
Has your child ever experienced an adverse reaction during or in conjunction Was your child bottle fed?	☐ Yes ☐ No If so, how long?	
las your child ever experienced an adverse reaction during or in conjunction	☐ Yes ☐ No If so, how long? ☐ Yes ☐ No	