

Highland Pediatric Dental

Yvette McAlister Stokes, D.D.S., P.A. & Phillip E. Caldwell, D.D.S., M.S.
1770 Metromedical Drive Fayetteville, NC 28304

Child's Name _____ Age _____

Address _____

Home Phone _____

Yes No Change of address

Place of Employment (Father) _____ Phone _____

Cellular Phone _____

Place of Employment (Mother) _____ Phone _____

Cellular Phone _____

Insurance Company _____ # _____

Insurance Holder _____

To assist us keeping your child's medical history up to date, please answer the following:

Child's Physician _____

Yes No Has your child seen his/her physician since your last visit?
If yes, why/date? _____

Yes No Are there any dental or medical related concerns or problems?
If yes, what? _____

Yes No Is your child taking any medication at the present time?
If so, what and why? _____

Yes No Any injury to the head or neck in the last six months?
If so, what (ex: front teeth) _____

Yes No Any dental problems developing that you are aware of?
If so, what? _____

Is your water supply fluoridated? Yes No

Is your child taking fluoride supplements? fluoride tab/drops fluoride rinse

Yes No Does your child smoke or chew tobacco?

Yes No Is there a possibility that your child may be pregnant?

In order to continue to provide the best possible care to your children, would you please offer your comments

Yes No Do you feel you and your child are well treated in our office?
If no, why not? _____

What do you like most about your treatment in our office? _____

What would you suggest to improve our service in the future? _____

Signature _____ Date _____

Relationship to child _____

Completion of this form is required by law every 6 months. Please use the reverse side for additional explanations or comments. Thank you for your cooperation.

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