Jamie Diament-Golub, D.M.D. and Elizabeth Simon D.D.S.

Child's Name	d's NameMale/Female Birth Date				
First	MI La	st			
Address	Town_		Zip	Phone #	
Parent's Names (Father)	Soc	Social Security #		Cell Phone	
				Work Phone	
Father's Email					
Parent's Names (Mother)	Soc	Social Security #		Cell Phone	
		Employer			
Mother's Email					
I Will Be Paying For My First V	isit WithCashChe	eckVisa or Master	cardDelta De	ntal Insurance	
If Delta Insurance , Group #		Insured's DOB			
Whom May We Thank For	Referring You?				
Names and Ages of Other of	Children				
	entistChild's Physic				
Grade and Name of School Child Attends					
Name of Medications Taken Rec	ently By Your Child (In	cluding Vitamins)			
Has Your Child Had Any Type of	of Allergic Reaction To A	any Food, Medicine,	or Other Substan	nces? Please Describe Below	
Does Your Child Have A Hear If the patient has had any of the follow Measles Direction Chicken Pox Goward Mumps Howard Scarlet Fever Spanner Pneumonia Error Birth Defects Farener Anemia Reference Spanner Reference Management Spanner Span	t Murmur or Heart Delowing diseases or condition abetes erman or "3day" Measles earing Difficulties eech Difficulties notional Difficulties inting or Dizziness ckle Cell Anemia ermoval of Tonsils or AdenoTHERE IS NO HIST	Cect? If s, please check one(s): Bleeding Prof Asthma or W Rheumatic Fe Kidney Disea Tuberculosis Epilepsy or Se Serious Accideds Cancer FORY OF THESE PROF	Yes, Give Detainment blems heezing ever se eizures lents	AIDS or AIDS related complexSkin ProblemsBone and Joint ProblemsGrowth AbnormalitiesWhooping CoughBroken BonesLiver Disease or Hepatitis	
Does Your Child Have Any of the	ne Following?Autisn	nADDPDD			
What is Your Main Reason For I	Bringing Your Child Tod	ay?			
Is This The Child's First Dental	Visit? If Not, Who	en Was The Last Visi	t and For What I	Reason?	
Were Dental X-Ray Films Ever	Γaken of Your Child?	By Who	om?		
Does Your Child Have Any Of tThumb SuckingM	he Following Habits? outh Breathing	Speech Proble	ems	Pacifier	
Using the BottleTo	ongue Thrusting	Grinding of the	ne Teeth		
Has Your Child Ever Had Any I	njury To The Face Or Te	eth?			
Has Your Child Ever Had An Un	nfavorable Reaction To I	ocal OR General And	esthesia?		
I give my consent for general dental trea be responsible for any fee incurred on th			Simon D.D.S. – Peo	diatric Dentist. Furthermore, the undersigned wil	
XSignature	 Date	Print Na	me	Relationship To Child	