



Demographic and Health History Update

Date: _____

Patient Name: _____

Parent/Guardian Name: _____

1. Address:

Email Address: _____

Home Phone:

Cell Phone:

Emergency Contact Phone:

Any change in your child's dental insurance coverage? _____

2. Has your child been hospitalized or been to the emergency room for any reason in the last six months?

3. Is your child taking any medications on a daily basis? Please list.

4. Is your child allergic to any medications?

5. Are there any other changes in your child's medical or family history Dr. Halley should know about?

