



Patient information form (Child)

Patient Name		DOB		Age	
Grade		School			
Help us get to know you better!!					
What are some hobbies/ sports/ interests?					
Are there any health/psychological/physical conditions we should be aware of?					
Are there any habits we should know about? (Thumb or finger sucking, tongue thrust etc)					
Any apprehension about dental care?					
What concerns do THEY have about their smile/bite?					
What concerns do YOU have about your child's smile/bite?					
What concerns have YOUR DENTIST mentioned about their smile/bite?					
Who can we thank for sending you to our practice?					
We have been in the community for over 40 years, have we ever treated a member of your family? (Dr. Forwood started the practice in 1980)					
Other information you feel would help us treat you best?					

