Ohana Smiles

11010 Prairie Brook Rd Omaha, NE 68144 Ph: 402-571-3415 Fax: 402-571-1057 http://www.ohanasmiles.com

Welcome to Ohana Smiles! Our mission is to provide the most comprehensive dental care for you and your family with a personalized, gentle, and efficient approach.

Please complete the information below:

Child Information

Today's Date: _____

Name: _____
LAST FIRST MI

Nickname: _____ ☐Boy ☐Girl

DOB: _____ Age: ___ SSN: _____

Home Address: _____

_____
CITY STATE ZIP CODE

Home Phone: _____

School: _____ Grade: ____

Referred by: _____

Insurance Information

Primary Dental Insurance, ☐covers orthodontics

Co. Name: _____

Address: _____

_____
CITY STATE ZIP CODE

Phone: _____

Group #: _____ ID #: _____

Insured's Name: _____

DOB: _____ Relationship: _____

Insured's Employer: _____

Secondary Dental Insurance, ☐covers orthodontics

Co. Name: _____

Address: _____

_____
CITY STATE ZIP CODE

Phone: _____

Group #: _____ ID #: _____

Insured's Name: _____

DOB: _____ Relationship: _____

Insured's Employer: _____

Family Information

Who is accompanying the child today?

Name: _____

Relationship: _____

Do you have legal custody of the child? ☐Yes ☐No

Child's Siblings/Ages: _____

Mother's Name: _____

DOB: _____ SSN: _____

Home Address: _____

_____
CITY STATE ZIP CODE

Home #: _____ Work #: _____

Employer: _____ Years: ____

Work Address: _____

_____
CITY STATE ZIP CODE

Father's Name: _____

DOB: _____ SSN: _____

Home Address: _____

_____
CITY STATE ZIP CODE

Home #: _____ Work #: _____

Employer: _____ Years: ____

Work Address: _____

_____
CITY STATE ZIP CODE

Account Information

Person responsible: _____

Relationship: _____

DOB: _____ SSN: _____

Phone: _____

Billing Address: _____

_____
CITY STATE ZIP CODE

Dental History

Reason for visit: ☐Exam ☐Emergency ☐Consult

Is the Child in pain? ☐Yes ☐No How long? _____

Does the child require pre-medication? ☐Yes ☐No

Please check any of the following problems:

☐Discomfort, clicking, or popping in jaw
☐Red, swollen, or bleeding gums
☐Sensitive tooth, teeth, or gums
☐Blisters/Sores in or around the mouth
☐Lost/Broken fillings
☐Teeth grinding
☐Ringing in ears
☐Broken/Chipped tooth
☐Stained teeth
☐Locking jaw
☐Bad breath
☐Loose tooth
☐Other: _____

Previous Dentist: _____

Phone: _____

Last Dental Exam: _____ ☐Unsure

Last Dental X-Ray: _____ ☐Unsure

Times a Day the Child Brushes: _____

Times a Week the Child Flosses: _____

Is the child's water fluoridated? ☐Yes ☐No

How would you rate the child's smile?

Worst ☐1 ☐2 ☐3 ☐4 ☐5 Best

Medications/Allergies

Is the child taking any medications?

_____

_____

_____

_____

Is the child allergic to any of the following:

☐Latex ☐Penicillin/Amoxicillin ☐Tetracycline
☐Aspirin ☐Dental anesthetics ☐Foods
☐Other: _____

Medical History

Does the child have or ever had any of the following diseases, medical conditions, or procedures?

☐Heart murmur
☐Rheumatic fever
☐Artificial valves
☐Congenital heart defect
☐Chest pains
☐Scarlet fever
☐Liver problems
☐Kidney problems
☐Hearing problems
☐Respiratory problems
☐Psychiatric problems
☐Cancer/Tumors
☐Chemotherapy
☐Tuberculosis
☐Difficulty breathing
☐Asthma
☐Tonsillitis
☐Surgeries
☐Joint Replacement
☐Jaw problems
☐Blood transfusion
☐Diabetes/Hypoglycemia
☐High/Low blood pressure
☐Leukemia
☐Anemia
☐Hemophilia
☐Bleeding problems
☐Cleft lip/palate
☐Birth defects
☐Hepatitis
☐HIV/AIDS
☐Fainting/Seizure/Epilepsy
☐Cerebral palsy
☐ADD/ADHD
☐Other: _____

Child's Physician: _____

Physician's Phone: _____

Clinic Address: _____

_____
CITY STATE ZIP CODE

Last Medical Exam: _____ ☐Unsure

How would you rate the child's general health?

Worst ☐1 ☐2 ☐3 ☐4 ☐5 Best

Does the child wear contact lenses? ☐Yes ☐No

Has the child ever taken Ritalin? ☐Yes ☐No

Child's blood type: _____

Does the child do any of the following:

☐Thumb/Finger sucking ☐Tongue thrusting
☐Heavy snoring ☐Mouth breathing
☐Lip sucking/biting

I authorize Ohana Smiles to perform any necessary services during diagnosis and treatment, I guarantee this form was completed correctly to the best of my knowledge, and I understand it is my responsibility to inform Ohana Smiles of any changes to the information I have provided.

X _____ Date _____