

**Everglades Pediatric Dentistry**  
**Melissa Kindell, D.M.D.**  
Patient Update

**\*\*PLEASE PROVIDE A COPY OF YOUR DRIVERS LICENSE FOR OUR RECORDS\*\***

**In order for us to keep our records current, please complete the following information.**

Email: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell# \_\_\_\_\_ Employer: \_\_\_\_\_ Work# \_\_\_\_\_

Emergency Contact (Someone not living with you) : \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

**Circle One Health History**

Yes No Is your child in good health? Name of child's physician \_\_\_\_\_  
Date of last physical exam \_\_\_\_\_

Yes No Has your child ever had a health problem? \_\_\_\_\_

Yes No Is your child currently taking any medications? List medications, doses, and reason \_\_\_\_\_  
\_\_\_\_\_

Yes No Is your child allergic to **any medications/Latex**/other (food, allergies, etc)? \_\_\_\_\_  
\_\_\_\_\_

Yes No Were there any problems at birth? \_\_\_\_\_

Yes No **Has your child ever been advised to take antibiotics prior to any dental procedure? What?**  
\_\_\_\_\_

**Please circle if your child has recently had any of the following conditions:**

Lice Fever Rash Pink Eye Flu  
Impetigo Strep Throat Stomach Virus Hand, Foot and Mouth Disease

**Please circle if you child has been diagnosed and/or treated for any of the following:**

<b>Heart Condition/Murmur</b>	Autism	ADD/ADHD	Neurological Disorder	Frequent Headaches	Hepatitis
Physical Delays	Liver Disease	Rheumatic Fever	Kidney Disease	Blood Disorder	Frequent Infections
Congenital Birth Defects	Diabetes	Mental Delays	Cleft/Lip Palate	Excessive Bleeding	Other
Tuberculosis Anemia	Asthma	Cancer/Tumors	Speech/Hearing	Social Delays	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_