



**Demographic and Health History Update**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I. Address:

\_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Any change in your child's dental insurance coverage? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

III. Is your child taking any medications on a daily basis?

\_\_\_\_\_

\_\_\_\_\_

IV. Is your child allergic to any medications?

\_\_\_\_\_

\_\_\_\_\_

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

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\_\_\_\_\_