Cedar Park Pediatric Dentistry
Medical History Update Form

Child's Name: _____

Please respond to answers by writing Yes or No. If yes, provide a brief description.

- Have there been any changes in your child's health or medical history since their last visit?
  _____
- Please list your child's current Food / Drug allergies:
  _____
  _____
- Please list all of your child's current medications & the reason for taking:
  _____
  _____
- Has your child had any injury to the head, neck, or teeth since their last dental visit?
  _____
- Are there any conditions or problems you wish to bring to the attention of Dr. Vasut?
  _____
- How would you prefer we contact you regarding your child's appointments?
  ❒Phone Call ❒Email ❒Text Message

Have you moved?

(Please fill out only if there have been changes)

Email: _____

Address: _____

_____

City_____ State_____ Zip_____

Home # (_____) _____

Cell # (_____) _____

Insurance Change?

(Please fill out only if there have been changes)

Insurance Co Name:_____

Insurance Co #(_____)_____

Claims Address:_____

City_____ State_____ Zip_____

Member's Name: _____

Member's Date of Birth _____/_____/_____

ID# _____ Group#_____

Place of Employment_____

*The following routine preventative services may be performed during your child's check up and cleaning visit today:
cleaning, examination, application of fluoride and x-rays to diagnose dental decay.

I accept that these services are provided in the best interest of my child, and are beneficial for his/her dental health. I understand that some or all of these services may or may not be covered by my insurance carrier, and that I am financially responsible for any portion not covered by insurance within 30 days of these services.

Parent/Guardian Signature _____**Date**_____