WELCOME!

Richard C. Rissel, D.M.D./Jason M. Renner, D.D.S.
Dentistry for Infants, Children & Teenagers
2875 Willow Pass Road
Concord, California 94519
925-689-2800

TODAY'S DATE:_____

CHILD'S INFORMATION

CHILD'S NAME:_____ (first) / _____ (MI) _____ (last) BIRTHDATE:_____ (nickname) M or F (circle)

ADDRESS:_____ (street) ( ) _____ (city/zip) (telephone)

CHILD'S SPECIAL INTEREST(S):_____ (pets, hobbies/etc....)

PLEASE LIST NAME(S) OF OTHER CHILDREN IN YOUR FAMILY WHO HAVE SEEN DR. RISSEL / DR. RENNER

_____

PERSON(S) RESPONSIBLE FOR ACCOUNT:_____
The parent who accompanies the child *IS RESPONSIBLE* for payment unless prior arrangements have been made.

FATHER'S INFORMATION

EMAIL:_____ (father)

CELL PHONE:_____ (father)

NAME:_____ ☐ Father ☐ Step Father ☐ Other_____ ☐ Married ☐ Divorced ☐ Single

ADDRESS:_____ (only if different than child's) (street) ( ) _____ (city/zip) (telephone)

SOCIAL SECURITY #:_____ BIRTHDATE:_____

EMPLOYER:_____ (name of business) (occupation) ( ) _____ (telephone)

DENTAL INSURANCE CO.:_____ SUBSCRIBER#_____

ADDRESS:_____ (street/city/state/zip) GROUP#_____

MOTHER'S INFORMATION

EMAIL:_____ (mother)

CELL PHONE:_____ (mother)

NAME:_____ ☐ Mother ☐ Step Mother ☐ Other_____ ☐ Married ☐ Divorced ☐ Single

ADDRESS:_____ (only if different than child's) (street) ( ) _____ (city/zip) (telephone)

SOCIAL SECURITY #:_____ BIRTHDATE:_____

EMPLOYER:_____ (name of business) (occupation) ( ) _____ (telephone)

DENTAL INSURANCE CO.:_____ SUBSCRIBER#_____

ADDRESS:_____ (street/city/state/zip) GROUP#_____

OTHER DENTAL INSURANCE

NAME OF INSURED: _____ BIRTHDATE: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____ EMPLOYER: _____

DENTAL INSURANCE: _____ GROUP#: _____

ADDRESS: _____ SOCIAL SECURITY #: _____

FOR INSURANCE BILLING **I HEREBY AUTHORIZE JASON RENNER, D.D.S., TO USE MY SIGNATURE ON FILE FOR INSURANCE BILLING PURPOSES, AND FURTHER AUTHORIZE PAYMENT OF INSURANCE BENEFITS, OTHERWISE PAYABLE TO ME, DIRECTLY TO THEM.

_____
SIGNED (PATIENT, OR PARENT IF MINOR)

PLEASE COMPLETE REVERSE SIDE →

IS THIS YOUR CHILD'S FIRST VISIT TO A DENTAL OFFICE Y / N (circle one)

IF NOT: LAST DENTAL VISIT WAS_____(date) WITH _____(doctor) (address if known)

WHAT IS THE PURPOSE OF TODAY'S VISIT? _____(describe)

WHO IS YOUR CHILD'S PHYSICIAN? _____(name) (address if known)

WHOM CAN WE THANK FOR REFERRING YOU? _____(name) (address if known)

(circle one)

Y / N **1. IS YOUR CHILD CURRENTLY UNDER MEDICAL TREATMENT?** _____(describe)

Y / N **2. IS YOUR CHILD CURRENTLY TAKING ANY MEDICATION?** _____(list)

Y / N **3. HAVE THERE BEEN ANY UNFAVORABLE DENTAL EXPERIENCES?** _____(describe)

Y / N **4. DOES YOUR CHILD HAVE ANY OF THE FOLLOWING HABITS?**

(If not presently, at what age did the habit stop?)

Y / N THUMB/FINGER SUCKING Y / N NAIL BITING

Y / N PACIFIER Y / N GRINDING

Y / N TAKING BREAST/BOTTLE TO BED

5. WHAT IS YOUR CHILD'S PRIMARY SOURCE OF WATER? _____(name of water company)

Y / N **6. IS YOUR CHILD'S WATER FLUORIDATED?**

Y / N **7. IS YOUR CHILD TAKING FLUORIDE SUPPLEMENTS?**

8. DOES YOUR CHILD HAVE A HISTORY OF THE FOLLOWING:

Y / N ALLERGIES (including latex) _____(list)

Y / N REACTIONS TO MEDICINES (codeine, penicillin, anesthetics, etc.) _____(list)

Y / N HEART TROUBLE _____(describe)

Y / N HEAD OR BRAIN INJURIES_____(describe)

Y / N PHYSICAL AND/OR MENTAL LIMITATIONS_____(describe)

Y / N LIVER OR KIDNEY DISEASE Y / N RHEUMATIC FEVER

Y / N DIABETES Y / N RESPIRATORY AILMENTS

Y / N EPISODES OF HIGH FEVER Y / N HIV/AIDS

Y / N HEPATITIS Y / N PROLONGED BLEEDING

ANY ADDITIONAL INFORMATION ABOUT YOUR CHILD WE SHOULD KNOW? _____

_____

_____

_____

I, BEING THE PARENT GUARDIAN, CUSTODIAN OF THE ABOVE MINOR, DO HEREBY AUTHORIZE SUCH DENTAL CARE, INCLUDING THE USE OF LOCAL ANESTHETICS AND NITROUS OXIDE/OXYGEN ANALGESIA, AND OTHER MEDICATIONS AS THE JUDGEMENT OF THE DENTIST MAY DICTATE.

_____

Signature Date

DATE_____CHANGES _____ INITIALS _____

DATE_____CHANGES _____ INITIALS _____

DATE_____CHANGES _____ INITIALS _____

DATE_____CHANGES _____ INITIALS _____

DATE_____CHANGES _____ INITIALS _____

DATE_____CHANGES _____ INITIALS _____