Dr. Duga Dr. Feeney & Associates
Pediatric Dentistry

Continual Health Status Report

❑ **Please check here if any information below is new**

Patient's Name_____ Age____ yr ___ mo

School_____ Patient's Cell Phone: _____

Parent's Name _____

Address _____
(City) (Zip)

Email Address _____ Mom's Cell Phone _____

Home Phone_____ Dad's Cell Phone_____

Mother's Current Employer _____ Work Phone _____

Father's Current Employer _____ Work Phone _____

To assist us in keeping your child's medical history up to date, would you please answer the following questions (use reverse side of form if needed):

1. Has your child seen his/her physician since your last visit? Yes_____ No ____
   If so, why?_____
2. Has your child's medical history changed since your last visit? Yes_____ No ____
   If so, how?_____
3. Is your child taking any medication at the present time? Yes_____ No ____
   If so, what and why? _____
4. Has your child received any injections within the last year? Yes_____ No ____
   If so, why?_____
5. Any injury to head or neck in last 6 months? Yes_____ No ____
   If so, what? (ex. front teeth) _____
   Cause of injury (ex. car accident, bike, door, etc.) _____
6. Any dental problems developed or developing that you are aware of? Yes_____ No ____
7. Do you have NEW insurance coverage? Yes_____ No ____
8. Other dental or medical related concerns or problems? _____
   _____

In order to continue to provide the best possible care of your children, would you please offer your comments below:

1. Do you feel you and your child are well-treated in our office? Yes_____ No ____
   If not, why not? _____
2. What do you like most about your treatment in our office? _____
   _____
3. What would you suggest to improve our service in the future? _____
   _____

I, being the parent or guardian of the above minor patient, do hereby authorize and request the performance of routine dental services for this patient. This includes examination of hard and soft tissue, cleaning, fluoride treatment, check and repair of sealants (if applicable) and necessary x-rays.

Date_____Signed _____

Relationship_____