

Port Pediatric Dentistry, PC
Suzanne Port DDS, MS
291 W. Lakewood Blvd Holland, MI 49424
Phone: 616-392-1100

Medical History and Personal

Patient's Full Name _____

Does your child see a medical doctor for any medical problems such as Asthma, Autism, ADHD, etc. _____

Does your child require antibiotic premedication prior to dental treatment? Y N

Medical Allergies and Allergies to Medications: _____

Current Medications (including over the counter medications): _____

Were there any hospitalizations or serious injury since last appointment? Y N
If yes what occurred and when _____

Current Physician: _____

Current Dental Insurance: _____

Preferred email: _____

Preferred phone #: _____ **Home** **Cell**

Change of Address since last visit? Y N _____

***Note: Our cancellation policy has changed to 48 hour notice.** _____ **(Initial)**

Signature of Parent/Guardian _____

Date: _____

Office Use Only:

Insurance Verified: _____