

New Patient Questionnaire - Children 5 and Under

Parent's last name:	Parent's first name:	Parent's date of birth (DD/MM/YYYY):	
Parent's last name:	Parent's first name:	Parent's date of birth (DD/MM/YYYY):	
Patient's last name:		Patient's first name:	
Gender:	Date of birth (DD/MM/YYYY):	Health card #:	
E-mail:	Main phone:	Secondary phone:	
Full address:			
Why did you choose to come to Bedford South Dentistry?			

Is this your child's first dental visit? (If no, indicate his/her last visit)	
How many times daily does your child have his/her teeth brushed?	
Do they use a manual toothbrush or an electric toothbrush?	
Do you floss your child's teeth?	
Who primarily does the tooth brushing for your child?	
What type of toothpaste is your child using, if at all?	
Does the amount of toothpaste used resemble: a grain of rice, a pea, or a kidney bean?	
How many snacks does your child eat daily?	
How many meals does your child eat daily?	
Does your child use a sippy cup in between meals? What's in the cup?	
Does your child suck their thumb?	
Does your child go to sleep with a bottle?	
Does your family drink city water, well water, or bottled water?	
Do you look inside your child's mouth to assess changes? If so, how often?	
Are there medical conditions we should know about, or do you have any specific concerns or questions about your child's dental health?	

Primary insurance company: _____ Plan member: _____

Name of insured: Last: _____ First: _____ Middle: _____

Birth date of insured: (DD/MM/YYYY) _____ Group policy #: _____ ID#: _____

Full address: _____

Patient's relationship to insured: _____

DDS Signature: _____ Parent's Signature: _____

NOTE: We require 48-hours' notice for cancelled appointments, or we must apply a \$50 charge to your account.