

# BERT C. VASUT, D.D.S.

## Medical History/Patient Information Update Please help us maintain your child's current records.

Child's Name: \_\_\_\_\_

### Medical Update

1. When did your child last see their Physician?  
\_\_\_\_\_
2. Has there been any change in your child's health or medical history since their last visit? YES / NO  
If Yes, what? \_\_\_\_\_
3. Does your child have any drug allergies? YES / NO  
If Yes, what? \_\_\_\_\_
4. Is your child taking any medication at this time? YES / NO  
If Yes, what? \_\_\_\_\_  
What for? \_\_\_\_\_
5. Has there been any injury to the head, neck, or teeth since their last dental visit? YES / NO  
If Yes, what? \_\_\_\_\_
6. Is there a condition or problem that you wish to bring to Dr. Bert Vasut's attention? YES / NO  
If Yes, what? \_\_\_\_\_
7. Please provide us with your preferred email address as we will be confirming appointments via email and phone. **E-mail:** \_\_\_\_\_

### HAS ANY OF THE FOLLOWING CHANGED? If yes, please provide below.

#### 8. Patient Information:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

#### 9. Dental Insurance:

Insured: \_\_\_\_\_ SS#: \_\_\_\_\_  
DOB: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Name of Dental Carrier: \_\_\_\_\_  
Mailing Address for Dental Claims: \_\_\_\_\_  
Insurance Phone #: \_\_\_\_\_

\*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 \_\_\_\_\_

Printed Name \_\_\_\_\_