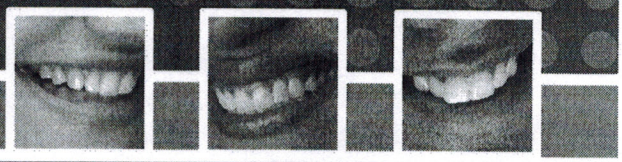
Daniel I. Miner DDS, PA
4800 General Hays Rd
Hays, KS 67601

(785)621-4997



Please fill out the following information:
First page for patient (child), second page is your information

Chart #. _____
FOR OFFICE USE ONLY

Patient Name: _____ (Last) _____ (First) _____ (MI) _____ (Preferred Name)

Title: _____ (Mr/Ms/Mrs/etc) Gender: ◯ Male ◯ Female Family Status: ◯ Married ◯ Single ◯ Child ◯ Other

Birth Date: _____ SS #. _____ Prev. Visit: _____

Email Address: _____ Best time to call: _____

Phone: _____ (Home) _____ (Work) _____ (Ext) _____ (Mobile) _____ (Fax) _____ (Other)

Address: _____ _____

_____ (City) _____ (State) _____ (Zip Code)

Please list at least one alternate contact name and phone number:

_____

Please give us the names of any immediate family members that have been seen here in the past who you would like included in this person's account. Also, please indicate who the "head of household" responsible for payment should be.

_____

Whom may we thank for referring you to our practice?

_____

Please give your dental insurance card(s) to the receptionist when you arrive. You may also e-mail, fax or mail a copy to us. Please note, if you are covered under an insurance policy under someone else, we must place that person's information in your account to use their insurance for your treatment. We will need the insurancy policy holder's full name, employer, social security number and date of birth.

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Please fill out for the parent/guardian. This is the person who is filling out this paperwork:

The following is for: ☐ the patient's spouse ☐ the person responsible for payment ☐ neither-not applicable

Name: _____ (Last) _____ (First) _____ (MI) _____ (Preferred Name)

Title: _____ (Mr/Ms/Mrs/etc) Gender: ◯ Male ◯ Female Family Status: ◯ Married ◯ Single ◯ Child ◯ Other

Birth Date: _____ SS #. _____ Driver's License #: _____

Email Address: _____ Best time to call: _____

Phone: _____ (Home) _____ (Work) _____ (Ext) _____ (Mobile) _____ (Fax) _____ (Other)

Address: _____ _____

_____ (City) _____ (State) _____ (Zip Code)

Employer

_____

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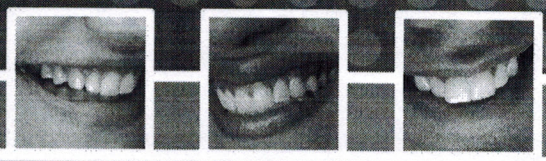

Name of medical doctor and phone number:

Is your child currently under the care of a doctor for a medical condition? If pregnant, when is the due date?

Please list ALL allergies to medication and/or food and the reaction that occurs (rash, upset stomach, hives, hyperactivity, anaphalactic shock):

List ALL over-the-counter and prescription medications (include vitamins, herbal supplements and recreational drugs):

Has your child been hospitalized, had any surgeries or needed emergency care? Please explain:

Has your child ever had any of the following? Please check all that apply:

- ☐ ADD/ADHD
- ☐ Anemia
- ☐ Arthritis
- ☐ Artificial Joints
- ☐ Asthma
- ☐ Autism/ASD
- ☐ Cancer
- ☐ Cerebral Palsy
- ☐ Chemotherapy
- ☐ Cold sores
- ☐ Diabetes
- ☐ Dizziness
- ☐ Epilepsy
- ☐ Fainting
- ☐ Glaucoma
- ☐ Head injuries
- ☐ Heart Attack
- ☐ Heart Disease
- ☐ Heart Problems
- ☐ HIV/AIDS
- ☐ Latex Allergy
- ☐ Liver Disease
- ☐ Intellectual Disability
- ☐ Milk Allergy
- ☐ Radiation
- ☐ Rheumatism
- ☐ Stroke
- ☐ Tuberculosis
- ☐ Tumors
- ☐ Ulcers
- ☐ Developmental Delay
- ☐ Hepatitis A,B, or C
- ☐ High Blood Pressure
- ☐ Jaundice not at birth
- ☐ Mental Retardation
- ☐ Muscular Dystrophy

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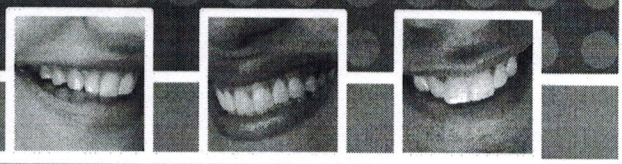

☐ Respitatory Problems ☐ Rheumatic Fever ☐ Bacterial Endocarditis

Any other medical conditions or problems not listed above?

Have you been told by a medical doctor to give your child an antibiotic medication before dental treatments? If yes, why?

Tell us about the brushing and flossing habits of your child. Are they cooperative? Do they do it themselves or with help from an adult? What concerns do you have?

Tell us about any bad dental experiences or any problems you are aware of with their teeth.

How many 8 oz glasses of soda, pop, gatorade, milk or juice does your child drink per day? Do they take anything to drink other than water to bed with them?

Describe your child's personality:

Anything else we need to know about your child?

Response Date: