



# Waco Kids Dental

1121 Lake Air Drive

dentist

Waco, TX 76710

P: 254-772-8330

F: 254-772-8496

Children

**Aaron C. Blackwelder**

Board Certified Pediatric

**Tjel C. Olson DMD**

General Dentistry Limited to

## Information Sheet:

Today's Date: \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_

MI

LAST

FIRST

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Male or Female**

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address:

\_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ **TEXT or EMAIL confirmation?**

**Patient's Medicaid** (please circle) MCNA/CHIPS, DENTAQUEST/CHIPS, TRADITIONAL ID # \_\_\_\_\_

Childs School or Daycare that they attend: \_\_\_\_\_

Other siblings that seen in the office: \_\_\_\_\_

Who is accompanying the child today?

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Child resides with (circle one) **Both Parents, Mother, Father or Other** (list) \_\_\_\_\_

**Father or Guardian's Information:** (please circle) **Father, Stepfather, Guardian**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone# (\_\_\_\_)

\_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

## **Dental Insurance Information**

Insurance Name: \_\_\_\_\_ Insurance

Phone# \_\_\_\_\_

Group# \_\_\_\_\_ ID# \_\_\_\_\_

**Mom or Guardian's Information:** (please circle) **Mother, Stepmother, Guardian**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_ SS# \_\_\_\_\_

DL# \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

WacoKidsDental.com

~Serving the Children of Central Texas~



# Waco Kids Dental

1121 Lake Air Drive

dentist

Waco, TX 76710

P: 254-772-8330

F: 254-772-8496

Children

**Aaron C. Blackwelder**

Board Certified Pediatric

**Tjel C. Olson DMD**

General Dentistry Limited to

## Dental Insurance Information

Insurance Name: \_\_\_\_\_ Insurance

Phone# \_\_\_\_\_

Group# \_\_\_\_\_ ID# \_\_\_\_\_

### Relative or Friend not living with you:

Name: \_\_\_\_\_ Relationship to patient:

Phone# (\_\_\_\_) \_\_\_\_\_

Whom may we thank for referring you?

\_\_\_\_\_

Previous/Present Dentist: \_\_\_\_\_ Last Visit:

Why did you bring your child to the dentist today?  
\_\_\_\_\_

Is the child currently in pain? **YES OR NO**

Does the child require antibiotics before dental treatment? **YES OR NO**

Has the child ever had a serious/difficult problem with any dental work? **YES OR NO**

**Child's Medical Doctor** \_\_\_\_\_ **Phone#** \_\_\_\_\_

List any Medications that the child is currently taking:

\_\_\_\_\_

List any drugs/things that the child is allergic to:

\_\_\_\_\_

\_\_\_\_\_

Please circle if your child is allergic to: LATEX, METALS, PLASTIC, OR RED DYE

Has the child experienced the following medical problems?

ADD/ADHD Y or N

Any Hospital Stays/ Operations? Y or N

Artificial Bones/ Joints/ Valve Y or N

Asthma Y or N Does/did the child experience any of the following?

Cancer Y or N Breast Fed

Y or N

WacoKidsDental.com Grinding on Objects

~Serving the Children of Central Texas~

Grinding Teeth

N

Y or



# Waco Kids Dental

1121 Lake Air Drive

dentist

Waco, TX 76710

P: 254-772-8330

F: 254-772-8496

Children

**Aaron C. Blackwelder**

Board Certified Pediatric

**Tjel C. Olson DMD**

General Dentistry Limited to

---

Congenital Heart Defect	Y or N
Convulsions	Y or N
Diabetes	Y or N
Epilepsy	Y or N
Handicaps/ Disabilities	Y or N
Hearing Impairment	Y or N
Heart Murmur	Y or N
High Blood Pressure	Y or N
Autism Spectrum Disorder	Y or N
Kidney/ Liver Problems	Y or N
Mitral Valve Prolapse	Y or N
Sickle Cell Disease/ Traits	Y or N
Rheumatic Fever	Y or N
Tuberculosis	Y or N

Please discuss any serious medical problems the child has:

\_\_\_\_\_

\_\_\_\_\_

Our office is HIPPA compliant and is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA.

I affirm that the information I have provided is to the best of my knowledge. I authorize the dental staff to perform the necessary dental services my child may need.

**Signature of Parent or Guardian**\_\_\_\_\_ **Date:**\_\_\_\_\_