GOEBEL PEDIATRIC DENTISTRY

	me:			Nickname:		Age:	
Sex:	Date of Birth:		Pla	ce of Birth:			
Patient's Ad	ldress:				Home Phone:		
	Street	City	State	Zip	Cell Phone:		
ather's Nar	me:			9	Social Security #:		
His Address	:				Date	e of Birth:	
	Street	City	State	Zip			
Where Emp	loyed:				Pho	ne:	
Mother's Na	ame:			5	Social Security #:		
Her Address	S:				Dat	e of Birth:	
Nhara Emn	Street	City	State	Zip	Dho	no	
-	loyed:						
	bers for confirmation of appoi						
	does patient live:						
	ren in family who have received						
				surance Company:			
	Medicaid ID Number:						
•	ician:			-			
Whom may	we thank for referring you to o		octor) or		or	(Parent)	
		(==		, ,	OI .	(raicity	
		l	HEALTH HIST	ORY		Yes	No
-	d in good health?						
•	child have regular medical exan						
•	d up to date with immunization	is?					
s this your o	child's first dental visit?						
s your child	d a thumb/finger sucker?	Use a pacifier?					
-	d a thumb/finger sucker? I was bottle fed at what age wa	· ·					
f your child	l was bottle fed at what age wa	s it discontinued?					
f your child	I was bottle fed at what age wa of the following that may perta	is it discontinued?		Lung problem	Men	tal disorder	
f your child	I was bottle fed at what age wa of the following that may perta Rheumatic fever	is it discontinued? in to your child: Bleeding	g disorder	Lung problem Brain iniury		tal disorder	
f your child	I was bottle fed at what age want of the following that may perta Rheumatic fever Heart Condition	is it discontinued? in to your child: Bleeding	g disorder Palsy	Brain injury	Emc		
f your child	I was bottle fed at what age wa of the following that may perta Rheumatic fever	is it discontinued? in to your child: Bleeding Cerebral Liver	g disorder I Palsy	• .	Emc Tube	tional disorder	
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Signed: ______ Date: _____ Relationship: _____

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

* You May Refuse to Sign This Acknowledgment*

l,	, have received a copy of the	nis
office's	s Notice of Privacy Practices	
	Please Print Name	
	Signature	
	Date	
	FOR OFFICE USE ONLY	
We atto	rempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but wledgment could not be obtained because:	
	Individual Refused to Sign	
	Communications Barriers Prohibited obtaining the acknowledgment	
	An Emergency Situation Prevented Us From Obtaining Acknowledgment	
	Other (Please Specify)	