



Childs School: _____

Last Name :		First Name :		Middle :
Date of Birth :	Social Security Number :	Sex: _____ M _____ F	Parent's Email :	
Cell Phone : _____ Preferred	Preferred Language : _____ English _____ Spanish			
Home Phone: _____ Preferred	_____ Russian _____ Sign Language			
Work Phone: _____ Preferred	_____ Other _____			
Home Address :	City/State:	Zip:		
Mailing Address (if different than Home) :	City/State:	Zip:		
Student : _____ Full Time _____ Part Time			Do you live in public housing _____ Y _____ N	
Living Status : _____ Not homeless _____ Homeless _____ Doubling Up _____ Shelter _____ Street _____ Transitional				
Race: (You may choose more than one) _____ Black or African American _____ White _____ Hispanic or Latino _____ Bi-Racial _____ Asian _____ American Indian or Alaskan Native _____ Native Hawaiian				
Migrant Status: _____ Not a Migrant _____ Migrant _____ Seasonal _____ Not a farmworker				

Number of people in household: _____	Annual household income: _____
Parent/Guardian Name: _____	Date of Birth: _____

Insurance: _____ Healthy Smiles - Maryland Physicians Care _____ Priority Partners _____ United Health Care _____ Other _____ No Insurance (Financial Assistance Application Available)
Card Number: _____

Does your child have any of the following:

_____ Asthma _____ Bleeding _____ History of Heart Surgery or Defect _____ Seizure

Does your child have any allergies? If yes, please list below _____ Y _____ N

Latex Allergy : _____ Y _____ N

Please list current medications and reason:

Medication: _____
Medication: _____
Medication: _____
Medication: _____
Medication: _____

Reason: _____
Reason: _____
Reason: _____
Reason: _____
Reason: _____

Emergency Contact

Name of Designee: _____

Phone #: _____

Relationship: _____

Date: _____

If I cannot be reached, I authorize Family Healthcare of Hagerstown to release any information relating to my child's treatment, examination, and/or clinical results, to the person(s) listed below:

Name of Designee: _____

Phone #: _____

Relationship: _____

Date: _____

_____ (initial) I authorize Family Healthcare of Hagerstown to administer Nitrous, that is mixed with oxygen (sometimes referred to as laughing gas), as a calming agent, to provide a more comfortable visit for my child, when recommended by the treating dentist.

_____ (initial) I authorize Family Healthcare of Hagerstown to leave messages on any phone number provided relating to appointment reminders and/or clinical results or information.

_____ (initial) Notice of Privacy Practice: The notice describes how medial information about your child may be used and disclosed, and how you can get access to this information. I acknowledge that the Notice of Privacy Practices is available for my review.

_____ (initial) I understand I am fully responsible for this minor's dental charges and agree to pay all charges for services rendered by Family Healthcare of Hagerstown (FHH). I hereby authorize FHH to furnish information to any insurance company and authorize payment of dental charges to FHH.

_____ (initial) I understand that Financial Assistance is available to qualifying patients.

My signature below indicates that I am the legal guardian of this child. I understand that in the course of dental treatment, it may become necessary to perform additional procedures which are not known to be needed at the start of the dental treatment. I give my consent for the dentist and/or hygienist to perform such procedures at his/her discretion, if needed, during the dental appointment. I give consent for my child to receive care from Healthy Smiles in Motion, which may include the following dental procedures: x-rays, exam, flouride treatment, dental cleaning, sealants (protective covering over the teeth), fillings, extractions, pulpotomies (removal of tooth nerve), and stainless steel crowns (caps). I understand that local anesthetic or tooth numbing medicine may be used for some procedures.

My signature below indicates that all the information provided on this form is true and correct.

Parent/Legal Guardian

Date

