

**West Metro Pediatric Dentistry**  
**Emergency Visit: Health Update Report**

\*This health update must be completed by a legal guardian. If you are not this child's legal guardian, please let us know.\*

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian at today's visit: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mom Cell Phone: \_\_\_\_\_ Dad Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Has your address changed since the last visit? Y / N

If yes:

New Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Has your insurance changed since last visit? Y / N

If yes:

New Insurance Company/ID #/Group #: \_\_\_\_\_

Has your child's medical history or drug allergies changed since his/her last visit? Y / N

If yes:

Changes: \_\_\_\_\_

Is your child currently taking any short-term medication? Y / N

If yes:

Medications: \_\_\_\_\_

Is your child currently taking any long-term medication? Y / N

If yes:

Medications: \_\_\_\_\_

Please describe the reason for today's visit:

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Please describe the level of pain/discomfort your child is in: \_\_\_\_Low \_\_\_\_Medium \_\_\_\_High

**Emergency Exam Insurance Coverage Agreement:**

I understand that today's visit will include an emergency/problem-focused exam and any x-rays and/or intraoral photographs necessary for proper diagnosis. It may also include treatment of any tooth causing pain or discomfort.

Most insurance companies cover a specific number of exams per year. I understand that today's exam will be applied to my total allotted exams for the year. Today's exam, or future exams this year, may not be covered by my insurance company due to the frequency allowed by my specific plan.

If my current insurance policy does not cover all or part of these services for any reason, I understand that I am fully responsible for any balance due to my account. I also understand that if my insurance policy does not cover today's visit at 100%, my copayment may be collected at the end of today's visit.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_