

West Metro Pediatric Dentistry Emergency Visit Health Update Form

Parent/Guardian at today's visit:		Relationship:	
<i>This health update must be completed by a legal guardian. If you are not this child's legal guardian, please let us know.</i>			
Primary Parent/Guardian Cell:		Secondary Parent/Guardian Cell:	
Family Email Address:		Do you prefer text, email, or phone calls?	
Has your mailing address changed?	Y / N	If yes, please update:	
Has your insurance changed?	Y / N	If yes, new insurance company/ID #/Group #:	

Child's Name:		Nickname:		Birthdate:	/ /
Does your child have any specific health conditions?	Y / N	If yes:			
Is your child taking any short- or long-term medications?	Y / N	If yes:			
Does your child have any drug or other allergies?	Y / N	If yes:			
Please describe the reason for today's visit:					
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 plans cover a specific number of exams and x-rays per year. I understand that today's exam and any x-rays will be applied to my child's insurance plans' total allotted exam and x-ray frequency for the year. Today's exam and any x-rays, or future exams and any x-rays this year, may not be covered by my child's insurance company due to the frequency allowed by his/her specific plan. If my child's 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 child's insurance policy does not cover today's visit at 100%, my copayment may be collected at the end of today's visit. If my child does not currently have insurance coverage, I understand that my balance is due in full at today's visit.

Parent/Legal Guardian Signature:		Today's Date:	/ /
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Thank for completing this form—we appreciate your time! Sections below are for administrative purposes.

<u>Treatment Needed</u>	___ No TX Needed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<u>Referred To:</u>	<u>N/A</u>
Reason:	

<u>Products/Prescriptions:</u>	<u>N/A</u>
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<u>Med Alerts Updated</u>	___
<u>Recall Scheduled</u>	___

<u>Completed Today</u>
___ PF Ex ___ Occ
___ Reeval ___ Bwx
___ PA ___ Pano
Other:

<u>Office Only:</u>
___ email updated
___ phone updated
___ insur updated
___ letters completed