Lorin A. Kaplan DDS, MSD
Orthodontic Specialist

Member American Association of Orthodontists

Child Patient Update & Verification Form

Child's Full Name_____ Nickname_____
First Middle Last

Address_____
Street City State Zip

❑ Male ❑ Female Birthdate_____ Age_____ School_____ Grade_____

Child's mobile #_____ Child's home #_____ Child's E-mail_____

❑ Yes ❑ No Can we text or e-mail appointment and treatment reminders to your child?
❑ Yes ❑ No Can they participate in our **practice reward program**?

Responsible Party Information

Responsible Billing Party ❑ Father ❑ Mother ❑ Other_____

Marital Status of Parents: ❑ Married ❑ Divorced ❑ Domestic Partner ❑ Single

❑ Yes ❑ No **Insurance coverage changed?** If yes: **New Insurance Company:**_____

_____
Address phone # Employer

Employee_____ SS#/ID#_____ Birthdate_____

Parent/ Guardian_____
Name Mobile # E-mail address

Parent/ Guardian_____
Name Mobile # E-mail address

Who should receive routine information about treatment progress?_____

Preferred contact method for appointment reminders: ❑ Home phone ❑ Mobile ❑ Text ❑ e-mail

Emergency Information

Emergency Contact_____
Neighbor or Relative not living with you. Relationship Phone #

Medical Update

❑ Yes ❑ No Since your last appointment have there been any changes in your health?
❑ Yes ❑ No Any serious illness or hospitalization?
❑ Yes ❑ No Is Patient under the care of a physician for any medical reason?

Please list any medications & conditions taken for?_____

❑ Yes ❑ No **Female patients** Have monthly periods started?
❑ Yes ❑ No **Male patients** Growth spurt or voice change?

Dental Update

Dentist's name:_____ **Date of last dental appt**_____

❑ Yes ❑ No All current dentistry completed?
❑ Yes ❑ No Any recent injuries to teeth, head, or neck?
❑ Yes ❑ No **Any other problems or concerns that should be brought to Dr. Kaplan's attention?**

If yes, What?_____

_____
Parent / Guardian Signature **Date** **Doctor's Initials** **Date**

t. 415.479.4543 ▪ f. 415.479.4545 ▪ smiles@kaplanorthodontics.com
920 Northgate Drive, Suite 8 ▪ San Rafael, CA 94903 ▪ www.kaplanorthodontics.com