Lee W. Thach DMD
111 Foster Street, Unit 2
Peabody MA 01960

ABCDental-Peabody.com
Phone (978) 532 - 2227
Fax (978) 532 - 2229

Child's Information

First Name: _____________ Last Name: ____________ Middle Initial __
Does your child have a preferred name? _____________________
Male: ____ Female: ____ Birth Date: _________ Age: ___
Soc. Security # _________________

Parents or Legal Guardian Information

First Name: ____________________ Last Name: __________________
Address: ____
City, State, Zip ____
Birth Date: ______________(M/D/YY) Soc. Security #______________

Phone Numbers where you can be reached to confirm your child's appointment
Home: _____________ Work: ______________ Cell: _____________
Emergency Contact: ____________ Emergency Phone_______________

Insurance Information

Primary Insurance:
Name of Insured: ______________________ Birth Date: ___________
Soc. Security #: _______________________ ID# _________________
Insurance Company: ____________________________________
Employer of insured: ____________________________________

Secondary Insurance:
Name of Insured: ______________________ Birth Date: ___________
Soc. Security #: _______________________ ID# _________________
Insurance Company: ____________________________________
Employer of insured: ____________________________________

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MEDICAL HISTORY

Some medical conditions and medications may alter the dental treatment for your child. Please fill out the medical history form completely to the best of your knowledge.

Child's Name: ____________________

Name and location of your child's pediatrician: ________________________
Does your child see a specialist for a medical condition? If yes, provide name of specialist, clinic or hospital: ____________________________________
____

Please list all diagnosed medical conditions (example: asthma, heart murmur, special needs, autism, ADHD)
____
____

Is your child taking any medications? Please list _______________________
____
____

Allergic to any of the following? Aspirin, Penicillin, Codeine, Acrylic, Metal, Latex, Local Anesthetics.
List others and explain type of reactions: (example: hives, rash)
____
____

List any hospitalizations or surgeries: _______________________________
____

Does your child have any bleeding problems?_________________________
Have any heart problems?____
Prone to getting infections?_______________________________________
Had chemotherapy or radiation treatment?___________________________

Comments: ____
____
____
____