

Washtenaw Children's Dental Clinic, Inc.
920 Miller Avenue (Ann Arbor Open School)
Ann Arbor, MI 48103 Phone: 734-663-7073

Dear Parents,

The Washtenaw children's Dental clinic, Inc. is staffed by volunteer dentists, hygienists and assistants. It serves children from families who, at this time, may not be able to pay for private dental care. At this clinic, a small fee is charged for each service. If you are interested in obtaining the services of this clinic for your child/children, please fill out this form and return it to the above address. You will be contacted to arrange an appointment.

FAMILY INFORMATION:

Father's Name: _____
Employed at: _____ Monthly earnings: _____
Position: _____ No. of years employed: _____
Do you have? Blue Cross _____ Medicaid _____ Other insurances _____

Mother's Name: _____
Employed at: _____ Monthly earnings: _____
Position: _____ No. of years employed: _____
Do you have? Blue Cross _____ Medicaid _____ Other insurance _____

Legal guardian: _____
Employed at: _____ Monthly earnings: _____
Position: _____ No. of years employed: _____
Do you have? Blue Cross _____ Medicaid _____ Other insurances _____

LIST INFORMATION ON ALL CHILDREN LIVING IN THE HOUSEHOLD:

<u>Name</u>	<u>Birth date</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent or Guardian: _____
Address: _____
Phone: () _____ - _____

WASHTENAW CHILDREN'S DENTAL CLINIC
Medical History

Name: _____ School: _____ Birth date: _____
Parent's (Guardian) Name: _____ Phone: _____
Address: _____
Physician Name: _____ Address: _____
Date of last medical exam: _____

Is child being treated by a physician now? Circle One
Yes No
What for? _____

Is child taking any drugs, pills or medications? Yes No
Name of meds.? _____

Is child allergic to any medications/drugs? Yes No
What meds.? _____

Has your child had any of the following:

- | | | |
|---|-----|----|
| Rheumatic fever (heart), heart murmur?..... | Yes | No |
| Mitral valve prolapse?..... | Yes | No |
| Bleeding problems, blood transfusions?..... | Yes | No |
| Asthma, T.B.?..... | Yes | No |
| Diabetes?..... | Yes | No |
| Hepatitis (HBV carrier)?..... | Yes | No |

Does child have any medical problem, disease, or condition we should know about?
Yes No

Has child ever fainted after medical/dental treatment?..... Yes No

Does your child have any dental problems at this time?..... Yes No

To the best of my knowledge the above information is correct. I hereby give my consent to the Washtenaw Children's Dental Clinic, Inc. to perform such dental care/treatment as deemed necessary to include the use of local anesthetics, x-rays, and fluoride treatments.

Parent/Guardian Signature _____ Date: _____

Reviewed by: _____ Date: _____

Update: _____ Update: _____

Update: _____ Update: _____

Update: _____ Update: _____