RANDY J. EBERLY, DMD

# DENTISTRY FOR THE CHILD AND ADOLESCENT

801 W. Little Creek Rd. #101
Norfolk, VA 23505
423-3029

2111 Hartford Rd.
Hampton, VA 23666
827-3399

PLEASE BE AS COMPLETE AS POSSIBLE - THANK YOU

## PERSONAL DATA

Child's Legal Name: ____________________ Nickname: __________
Date of Birth: ____________ Age: ____ Male _____ Female _____
Mother: ________________ Soc Sec #: __________ DOB: _______
Address: __________ Cty/ST: ______ Zip: ______ PH: _______
Father: ________________ Soc Sec #: __________ DOB: _______
Address: __________ Cty/ST: ______ Zip: ______ PH: _______

If Parents are not married, who has legal custody? __________

Number of Children in Your Family: _____ Ages: ______________

Father's Occupation: ______________ Employer: ____________
Emp. Address: ______________________ Bus. Phone: _________

Mother's Occupation: ______________ Employer: ____________
Emp. Address: ______________________ Bus. Phone: _________

Do you have dental insurance? _____ Ins. Company: ___________
Do you have a second dental insurance plan? ______________
If so, what company? ______________________________________

How did you learn of our practice? _________________________

## DENTAL HISTORY

Is this your child's first dental visit? _____ If not, date of last dental examination: ___________ Is he/she in pain? _____
Has he/she ever had a toothache? _____ If so when? __________
Has your child had any injuries to his/her teeth? __________
If so explain: ____________________________________________
___________________________________________________________
Do you help your child brush? __________ Floss? ___________