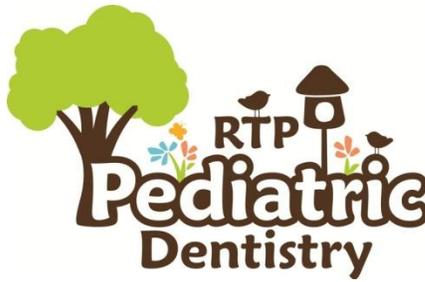


# Welcome



**5318 NC Hwy 55  
Suite 202  
Durham, NC 27713  
Phone: (919) 827-1350**

## Health History Form (病史)

**Today's Date:** 今天日期 \_\_\_\_\_

NOTE (提醒): The parent or guardian who accompanies the child is responsible for payment at the time of service.

陪伴孩子的父母或监护人有责任在治疗时及时付款。

### 1. Tell Us About Your Child

Child's Name(孩子的名字):

\_\_\_\_\_

Last 姓      First 名      Middle

Goes by (常用名): \_\_\_\_\_ ( ) Male 男 ( ) Femal 女

Child's Birth date:生日 \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Age 年龄: \_\_\_\_\_

Child's Home 家庭电话#: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SSN (社会安全号) #:

\_\_\_\_\_

Child's Home Address 家庭住址:

\_\_\_\_\_

Siblings that we treat 在本诊所就诊的其他兄弟姐妹:

\_\_\_\_\_

### 2. Mother's Information 母亲信息

Name 名字: \_\_\_\_\_

Birth date 生日: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN# (社会安全号): \_\_\_\_\_

Employer 工作单位: \_\_\_\_\_

Home 家庭电话 #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

same as child (和孩子的电话一样)

Cell 移动电话 #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

okay to leave message? (可以语音留言吗?)

Work 工作电话 #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### 3. Father's Information 父亲信息

Name 名字: \_\_\_\_\_

Birth date 生日: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN、# (社会安全号): \_\_\_\_\_

Employer 工作单位:

\_\_\_\_\_

Home 家庭电话 #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

same as child (和孩子的电话一样)

Cell (移动电话) #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

okay to leave message? (可以语音留言吗?)

Work 工作电话 #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### 4. Appointment Reminders(预约提醒)

Preferred Method of Contact for appointment confirmations:

(checkmark all that apply) 预约确认的首选联系方式: (勾选所适用项)

Call home and/or cell phone (电话预约)

Text message cell phone (手机短信预约)

Email parent (邮件预约)

### 5. Who is Accompanying the Child Today?

(今天谁是陪同人员)

Name (姓名): \_\_\_\_\_

Relationship (与病人的关系):

\_\_\_\_\_

Do you have legal custody of this child? (你有孩子的监护权吗?)

Yes    No

### 6. Person Responsible for Account 账户负责人

Mother (母亲)  Father (父亲)  Guardian (监护人)

If Guardian, complete the following (如果是监护人, 请完成以下信息):

Name (名字): \_\_\_\_\_

Relationship (与孩子的关系):

\_\_\_\_\_

Billing Address (账单地址):

\_\_\_\_\_

\_\_\_\_\_

Home (家庭电话) #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell (移动电话) #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

okay to leave message? (可以语音留言吗?)

Email: \_\_\_\_\_

### 7. Primary Dental Insurance (首选牙医保险)

Insurance Co. Name (保险公司):

\_\_\_\_\_

Insurance Co. Phone (保险电话):

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ID (保险号码) #: \_\_\_\_\_

Group/Plan (保险组别) #:

\_\_\_\_\_

Policy Owner (保单持有人):

\_\_\_\_\_

Birth date (生日): \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN#: 社会安全号码 \_\_\_\_\_

Employer: (雇主)

\_\_\_\_\_

### 8. Secondary Dental Insurance (第二牙医保险)

Insurance Co. Name (保险公司):

\_\_\_\_\_

Insurance Co. Phone (保险的电话):

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ID (保险号码) #:

\_\_\_\_\_

Group/Plan (保险组别) #:

\_\_\_\_\_

Policy Owner (保单持有人):

\_\_\_\_\_

Birth date (生日): \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN#: (社会安全号) \_\_\_\_\_

Employer (雇主):

\_\_\_\_\_

### 9. Dental History (看牙医历史)

Is this your child's first visit to the dentist?

(这是孩子第一次看牙医吗?) \_\_\_\_\_

If not, how long since the last visit?

(如果不是, 上次看牙医的日期) \_\_\_\_\_

Previous Dentist's Name

(前牙医的姓名): \_\_\_\_\_

Were any x-rays taken at previous dental visits?

(前看牙医时是否拍过 X 光片) \_\_\_\_\_

Have there been any injuries to the teeth, face, or mouth?

(牙齿、面部或口腔是否受过伤) \_\_\_\_\_

If yes, please explain

(如果有, 请描述一下):

\_\_\_\_\_

Why did you bring your child to the dentist today?

(你今天带孩子来看牙医的目的?) \_\_\_\_\_

Does the child have any of the following habits?

(孩子是否有以下习惯?)

**Y 是 N 否** Nursing/Bottle Habits (母乳喂养/奶瓶习惯)

**Y 是 N 否** Nail Biting (咬手指/指甲)

**Y 是 N 否** Lip Sucking/Biting (吮吮/咬唇)

**Y 是 N 否** Thumb/Finger Sucking (吮吸拇指/手指)

Has your child ever had a serious or difficult problem associated with previous dental work?

您的孩子在之前的牙科治疗是否有困难或严重问题?

If yes, please explain (如果有, 请描述一下)

Is your child's water fluoridated? (您孩的饮用水是否加氟?)

**Yes No**

Is the child taking fluoride supplements?(孩子有吃氟补充剂吗?)

**Yes No**

Has the child ever had any pain/tenderness /in his/her jaw (TMJ/TMD)

孩子是否有过颞下颌关节 (TMJ/TMD)疼痛/压痛?

**Yes No**

Does your child brush his/her teeth daily? (您的孩子每天刷牙吗)

**Yes No**

Does your child floss his/her teeth daily?(您的孩子每天用牙线吗)

**Yes No**

### 10. Health History (健康史)

Has your child ever had any of the following conditions? (您的孩子是否曾经有过以下情况)

是否		是否	
<b>Y N</b>	Abnormal Bleeding 异常出血	<b>Y N</b>	Disabilities/Special Needs 残疾/特殊需要
<b>Y N</b>	Allergies to any Drugs 对任何药物过敏	<b>Y N</b>	Hearing Impairment 听力障碍
<b>Y N</b>	Any Hospital Stays 住院	<b>Y N</b>	Heart Disease/Murmur 心脏病/杂音
<b>Y N</b>	Any Operations 任何手术	<b>Y N</b>	Hemophilia/Blood Disorders 血友病/血液病
<b>Y N</b>	Asthma 哮喘	<b>Y N</b>	Hepatitis 肝炎
<b>Y N</b>	Cancer 癌症	<b>Y N</b>	HIV/AIDS 艾滋病(携带者)
<b>Y N</b>	Congenital Birth Defects 先天出生缺陷	<b>Y N</b>	Kidney/Liver Conditions 肾脏/肝脏疾病
<b>Y N</b>	Convulsions/Epilepsy 抽搐/癫痫	<b>Y N</b>	Rheumatic/Scarlet Fever 风湿病/猩红热
<b>Y N</b>	Pregnancy 怀孕	<b>Y N</b>	Allergies to Latex 对乳胶过敏
<b>Y N</b>	Tuberculosis 结核病	<b>Y N</b>	Diabetes 糖尿病
<b>Y N</b>	ADD/ADHD 多动症	<b>Y N</b>	Autism 自闭症

Please discuss any serious medical conditions your child has had:

如果有，请描述孩子的任何严重的疾病

\_\_\_\_\_

Please list all drugs your child is currently taking

请列出您的孩子目前正在服用的所有药物: \_\_\_\_\_

\_\_\_\_\_

Please list all allergies (请列出所有过敏情况):

\_\_\_\_\_

Child's Physician (孩子的家庭医生名字):

\_\_\_\_\_

Phone (电话) #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Is your child currently under the care of a physician?

(您的孩子目前正在接受医生的治疗吗?)

Yes No

Please describe your child's current physical health:

请描述您孩子目前的身体健康状况:

( ) 好 ( ) 一般 ( ) 较差

**Our office is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC, and the ADA. 我们的办公室致力于达到或超过 OSHA、CDC 和 ADA 规定的感染控制标准。**

**11.** I understand that the information I have given is correct to the best of my knowledge, that it will be held in the strictest of confidence and it is my responsibility to inform this office of any changes in my child's medical status. I request and authorize Dr. Wang to examine, clean, and provide dental treatment on my child's teeth. I further request and authorize the taking of dental x-rays as may be considered necessary by Dr. wang to diagnose and/or treat my child's dental problem. I will allow photographs to be taken of my child or my child's teeth for diagnostic or educational purposes. I understand that dental treatment for children includes efforts to guide their behavior by helping them to understand the treatment in terms appropriate for their age. Dr. Wang will provide an environment likely to help children learn to cooperate during treatment by using praise, explanation and demonstration of procedures and instruments, and using variable voice.

I authorize RTP Pediatric Dentistry to file treatments to my insurance company on my behalf as a courtesy. I understand and agree that estimated insurance payments are only an estimate. I understand that RTP Pediatric Dentistry is not responsible for knowing the status or details of my insurance coverage. The specific details of my policy is MY responsibility and I will be billed and held responsible for services not reimbursed by my insurance company.

我明白，我所提供的信息是据我所知完全正确的，并且我保证我有责任将我孩子的健康状况的任何变化通知该诊所。我请求并授权王医生对我孩子进行牙科口腔检查、清洁和治疗。而且我请求并授权王医生进行她认为必要的牙科 X 光检查，来诊断和/或治疗我孩子的牙齿问题。我允许将我的孩子或孩子的牙齿拍摄照片以用于诊断或教育目的的用途。我理解儿童牙科治疗包括应用适合其年龄的行为管理和指导。王医生将通过表扬、解释和示范治疗过程和器械，以及用声音语调变化，帮助孩子在治疗过程中更合作。

RTP Pediatric Dentistry 为客户提供便利，将免费向保险公司提供保险索赔单。我授权 RTP Pediatric Dentistry 代表我向保险公司提交索赔单。

**我理解并同意诊所提供的保险自付额参考只是一个估计。我了解 RTP 儿童牙科没有责任了解我的保险详细信息或覆盖金额。我的保单的具体细节是我自己的责任，我将对保险公司未报销的治疗费用负责并全额支付。**

Signature of Parent or Guardian (家长或者监护人签名)

Date (日期)

Relationship to (与病人关系)

所有信息仅限诊所用途

I verbally reviewed the medical/dental information above with the parent/guardian and patient named herein

Dr Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Dr's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_