



Coconut Kids
Dentistry & Orthodontics



Peggy Lundquist DDS Angela Lee DMD Richard Grant DDS James Grant DDS
12395 El Camino Real, Ste. 218 San Diego, CA 92130
Ph: [\(858\) 755-1515](tel:8587551515) Email: info@cocokidsdo.com

PATIENT HEALTH HISTORY UPDATE FORM

Patient Name: _____ Date of Birth: _____
Address: _____ City _____ State _____ Zip _____
Patient's Dentist _____

Mother/Guardian Name _____ DOB _____
Address: _____ City _____ State _____ Zip _____
Phone Number _____ Email _____

Father/Guardian Name _____ DOB _____
Address: _____ City _____ State _____ Zip _____
Phone Number _____ Email _____

Insurance Carrier Name: _____ Social Security/ID # _____
Insured Name: _____ Date of Birth _____
Relationship to Patient _____
Name of Insurance _____ Group # _____
Address: _____ Phone # _____

Has patient started taking any new medication? Yes/No
If so please list _____

Has patient been diagnosed with any new conditions or allergies? Yes/No
If so, please list _____

Please list any additional updated medical information we should be aware of?
If so please list _____

The information that I have given is correct to the best of my knowledge. I understand that it will be held in the strictest confidence, and it is my responsibility to inform this office of any changes in my/my child's medical status or medications. I authorize the orthodontic staff to perform the necessary dental/orthodontic service for me/my child. I certify that the patient is covered by the insurance given, if any, otherwise payable to the office for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I also understand that responsibility for payment for dental/orthodontic services provided in the office for me/my child is mine, due and payable at the time of services unless financial arrangements have been made in advance. I hereby authorize Coconut Kids Dentistry & Orthodontics / Braces By Grant, to release all information necessary to secure the payment of benefits. I authorize the use of my signature on all my insurance submissions, whether manual or electronic. I further understand that it is my responsibility to inform this office of any changes in my/my child's insurance coverage.

Signature: _____ Date _____