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**WELL CHILD/ADOLESCENT INFORMATION UPDATE FOR CHART**

Please answer the following questions to update your child's chart:

1. Parents' Marital Status: \_\_\_\_\_

If not married indicate custody arrangements: \_\_\_\_\_

2. Do you/your child see a dentist? \_\_\_\_\_

3. Any Family Mental Health Concerns? \_\_\_\_\_

If yes, please provide diagnosis and relation to patient:

\_\_\_\_\_  
\_\_\_\_\_

4. Any smokers in the family/house? \_\_\_\_\_

5. Dare Care Attendance? (for ages 0-5 only): \_\_\_\_\_

6. Other languages spoken in the home? \_\_\_\_\_

If yes, please list languages spoken: \_\_\_\_\_

7. Do you/does your child have any visual or hearing impairments that may require special assistance during your office visit today?    Yes    No

If yes, please describe the nature of the impairment: \_\_\_\_\_

Please list any ongoing over-the-counter, herbal, and alternative therapies regularly adhered to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_