

CHILD'S NAME: _____
first middle last

DENTAL HISTORY:

Has your child ever had a serious/difficult problem associated with previous dental work? Y N

Is your child's water fluoridated? Y N

Is your child taking fluoridated supplements? Y N

Does your child consume candy or soft drinks frequently? Y N

Does your child have any thumb or finger sucking habits? Y N

Has your child had any orthodontic treatment? Y N

If yes, describe: _____

PHYSICAL HEALTH:

Is your child currently under the care of a physician? Y N

Child's Physician: _____

Describe your child's current physical health:

Good Fair Poor

List all medications that your child is currently taking:

List all medications that your child is allergic to:

HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING MEDICAL PROBLEMS?

Heart Murmur Y N Rheumatic Fever Y N

Asthma Y N Diabetes Y N

Congenital Heart Defect Y N HIV+/AIDS Y N

Convulsions/Epilepsy Y N Handicaps/Disabilities Y N

Kidney/Liver Problems Y N Any Operations Y N

Allergies to Medications Y N Hearing Impaired Y N

Abnormal Bleeding Y N Cancer Y N

Hepatitis Y N Stays in the Hospital Y N

Tuberculosis (TB) Y N ADD/ADHD Y N

Hemophilia Y N Other: _____

Please discuss any medical problems that your child has had:

I understand that the information that I have given is correct to the best of my knowledge, that it will be held in the strictest confidence, and it is my responsibility to inform this office of any changes in my medical status. I also authorize the dental office staff to perform the necessary dental services I may need. I understand the use of anesthetic agents embodies a certain risk.

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

1. Date: ___/___/___ Initial: _____ Comments: _____

2. Date: ___/___/___ Initial: _____ Comments: _____

3. Date: ___/___/___ Initial: _____ Comments: _____

4. Date: ___/___/___ Initial: _____ Comments: _____

5. Date: ___/___/___ Initial: _____ Comments: _____

6. Date: ___/___/___ Initial: _____ Comments: _____

7. Date: ___/___/___ Initial: _____ Comments: _____