

### MEDICAL HISTORY

YOUR CHILD'S PHYSICIAN/CLINIC \_\_\_\_\_

IS YOUR CHILD CURRENTLY UNDER A PHYSICIAN'S CARE FOR A MEDICAL CONDITION? YES NO

If yes, please explain \_\_\_\_\_

HAS YOUR CHILD HAD ANY OF THE FOLLOWING:

YES NO HEART PROBLEMS	YES NO CONVULSIONS/SEIZURES/ EPILEPSY
YES NO HEART MURMUR	YES NO BLOOD DISORDERS
YES NO RHEUMATIC FEVER	YES NO DIABETES
YES NO ASTHMA	YES NO HEPATITIS
YES NO BREATHING PROBLEMS	YES NO AIDS/HIV POSITIVE
YES NO ALLERGIES (LIST) _____	

ARE THERE ANY OTHER HEALTH PROBLEMS? \_\_\_\_\_

PLEASE LIST ANY MEDICATIONS, INCLUDING NON PRESCRIPTION, CURRENTLY TAKING, AND WHY:

DOES YOUR CHILD HAVE A MEDICAL CONDITION THAT REQUIRES ANTIBIOTIC MEDICATION PRIOR TO DENTAL TREATMENT? YES NO

HAS YOUR CHILD EVER HAD AN UNFAVORABLE REACTION TO ANY FOOD, MEDICATION OR MATERIAL?

If yes, please explain \_\_\_\_\_

DOES YOUR CHILD HAVE PROBLEMS WITH THE FOLLOWING? (PLEASE CIRCLE)

CONCENTRATING      LEARNING      COOPERATING      UNDERSTANDING

*The information I have given today is correct to the best of my knowledge.  
I understand it is my responsibility to inform this office of any changes in my child's medical status.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### DENTAL HISTORY

IS THIS YOUR CHILD'S FIRST VISIT TO A DENTIST? ..... YES NO

IF NO - APPROXIMATE DATE OF LAST EXAM \_\_\_\_\_

- HAS YOUR CHILD HAD SEALANTS (FOR DECAY PREVENTION) PLACED ON ANY OF HIS/HER TEETH? ..... YES NO
- HAS YOUR CHILD HAD ANY PROBLEMS WITH DENTAL TREATMENT? YES NO

DOES YOUR CHILD BRUSH AND FLOSS ON A ROUTINE BASIS? ..... YES NO

DOES YOUR CHILD RECEIVE FLUORIDE? (PLEASE CIRCLE) ..... YES NO

HOME WATER SUPPLY	PRESCRIPTION TABLET OR DROPS
SCHOOL WATER SUPPLY	RINSES AT SCHOOL
DAY CARE WATER SUPPLY	RINSES AT HOME

HAS YOUR CHILD COMPLAINED OF ANY DENTAL PROBLEMS? ..... YES NO

PLEASE LIST ANY CONCERNS YOU HAVE REGARDING YOUR CHILD'S DENTAL HEALTH:

\_\_\_\_\_

I authorize the dentist to perform diagnostic procedures and treatment necessary for proper dental care.

Parent Signature \_\_\_\_\_

Parents are asked to wait in the reception area when children are escorted to the treatment room. It has been our experience that children are more attentive when the parents are not present. You will be asked to join your child when the dentist completes the examination. Treatment and recommendations will be reviewed with you. Thank you for your cooperation.