



# ABOUT YOUR CHILD

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Prefers to be called \_\_\_\_\_  Male  Female

Reason for visit \_\_\_\_\_

Referred to this office by (We wish to thank them) \_\_\_\_\_

## DENTAL HISTORY

Child's First Dental Visit? . . . . .  Yes  No

Your child's previous dentist \_\_\_\_\_

Name City Date of last visit

Date of last dental x-rays \_\_\_\_\_

Any injuries to you child's teeth or mouth? . . . . .  Yes  No

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

Has your child had a history of:

Breast feeding after 1 yr old. . . . .  Yes  No

Bottle habits . . . . .  Yes  No

Thumb sucking/finger sucking . . . . .  Yes  No

Pacifier . . . . .  Yes  No

Dental grinding or clenching . . . . .  Yes  No

Has your child had recent dental pain? . . . . .  Yes  No

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

Has your child had any unfavorable dental experiences? . . . . .  Yes  No

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

## MEDICAL HISTORY

Is your child presently under the care of a physician for any medical reason? . . .  Yes  No

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

Is your child presently taking any medications? . . . . .  Yes  No

If yes, what and how much? \_\_\_\_\_

Does your child have any drug, food, or environmental allergies? . . . . .  Yes  No

If yes, what? \_\_\_\_\_

Has your child ever been hospitalized or had surgery? . . . . .  Yes  No

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

Has your child had any history or difficulty with the following? If so, please check

- Heart       HIV       Anemia       Mononucleosis       other \_\_\_\_\_
- Lungs       Asthma       Hepatitis       Cerebral Palsy
- Liver       Fainting       Epilepsy       Rheumatic Fever
- Kidney       Diabetes       Convulsions       Speech problems
- Bladder       Mumps       Tuberculosis       Chronic Sinusitis
- Hearing       Measles       Malignancy       Cleft lip or Palate

Please Explain \_\_\_\_\_

**I certify that the above information is true and correct to the best of my knowledge.**

Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Date \_\_\_\_\_