

Why did you bring your child today? _____

Has your child ever had a serious/ difficult problem associated with previous dental work? _____ Yes _____ No

Is your child's water fluoridated? _____ Yes _____ No

Is your child taking fluoridated supplements? _____ Yes _____ No

Has your child ever had any pain/ tenderness in his/her jaw joint (TMJ/TMD)? _____ Yes _____ No

Does your child brush his/her teeth daily? _____ Yes _____ No

Floss his/her teeth daily? _____ Yes _____ No

Child's Physician: _____

Phone # : (____) _____ - _____ Date of last visit: _____

Is your child currently under the care of a physician? _____ Yes _____ No

Please describe your child's current health: _____ Good _____ Fair _____ Poor

Has your child ever taken Fosamax, Actonel, or any other Bisphosphonates? _____ Yes _____ No

Please list all drugs that your child is currently taking: _____

Please list all drugs/materials that your child is allergic to: _____

Latex? ___ Yes ___ No Metals/Nickel? ___ Yes ___ No Plastic? ___ Yes ___ No

Has you child ever had any of the following medical problems?

- | | |
|------------------------------------|----------------------------------|
| Y N Abnormal Bleeding | Y N Diabetes |
| Y N ADD/ADHD | Y N Handicaps/Disabilities |
| Y N Allergies to any drugs | Y N Hearing Impairment |
| Y N Any Hospital stays | Y N Heart Murmur |
| Y N Any Operations | Y N Hemophilia |
| Y N Artificial Bones/Joints/Valves | Y N Hepatitis |
| Y N Asthma | Y N HIV+/AIDS |
| Y N Cancer | Y N Kidney/Liver Problems |
| Y N Congenital Heart Defect | Y N Rheumatic/ Scarlet Fever |
| Y N Convulsions/Epilepsy | Y N Sickle Cell Disease / Traits |
| Y N Tuberculosis | |

Please discuss any serious medical problems that your child has had: _____

Does/ Did your child have any of the following habits?

- Y N Lip Sucking /Biting
- Y N Nail Biting
- Y N Nursing Bottle Habits
- Y N Thumb / Finger Sucking

Neighbor or Relative not living with you.

Name: _____ Phone (____) _____ - _____

Address: _____ City: _____

State: _____ Zip: _____

I understand the information that I have given is correct to the best of my knowledge, that it will be held in the strictest of confidence and it is my responsibility to inform the office of any changes in my child's medical status. I authorize the dental staff to perform the necessary dental services my child may need.

Signature

Date