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CONFIDENTIAL PATIENT MEDICAL HISTORY

Physician's Name	Phone Number		Date of Last Visit	
Has your child ever been under the extend Has your child ever broken a bone?		-	-	Yes D NO D Yes D NO D
If yes, please explain:				
CHECK ANY OF T	HE FOLLOWING FOR WHICH	I I HE PA	TIENT HAS BEEN TREATE	:D
Heart Conditions (murmur, etc)	HIV Positive		🗆 Frequent He	eadaches
Excessive Bleeding	Tuberculosis		Kidney Infection	tions
Diabetes	Asthma/Respiratory Pro	oblems	Cerebral Pal	sy
Rheumatic Fever	Epilepsy		Eyesight Pro	blems
Liver Problems	Birth Defects		🗆 Speech Impa	airments
Cancer	Infections		Tubes in Ear	S
Hearing Loss	Hepatitis			
Is your child currently on any medications?		Yes 🗆	No 🗆 If Yes:	
Does your child have any allergies? (i.e. medications, food, latex or dyes)		Yes 🗆	No 🗆 If Yes:	
Is your child subject to any nervous disorders?		Yes 🗆	No 🗆 If Yes:	

CONFIDENTIAL PATIENT DENTAL HISTORY

Were any x-rays taken at your last dental visit? Has your child had any problems with dental exams or Have any cavities been noted in the past? Does your child eat between meals? Does your child eat sweets? (candy, soda pop, chewing Has any family members ever needed orthodontics in Has your child ever received local anesthetic? Has your child ever had occlusal sealants placed? Has parent or caregiver been diagnosed with tooth der Has your child had any baby or permanent teeth extra	Yes INO I Yes INO I Yes INO I the past? Yes INO I Yes INO I Yes INO I Yes INO I
Have any cavities been noted in the past? Does your child eat between meals? Does your child eat sweets? (candy, soda pop, chewing Has any family members ever needed orthodontics in Has your child ever received local anesthetic? Has your child ever had occlusal sealants placed? Has parent or caregiver been diagnosed with tooth de	Yes INO I Yes INO I Yes INO I the past? Yes INO I Yes INO I Yes INO I Yes INO I
Does your child eat between meals? Does your child eat sweets? (candy, soda pop, chewing Has any family members ever needed orthodontics in Has your child ever received local anesthetic? Has your child ever had occlusal sealants placed? Has parent or caregiver been diagnosed with tooth de	Yes No Constraints Nacks, etc) Yes No Constraints Nacks, etc) Yes No Constraints
Does your child eat sweets? (candy, soda pop, chewing Has any family members ever needed orthodontics in Has your child ever received local anesthetic? Has your child ever had occlusal sealants placed? Has parent or caregiver been diagnosed with tooth de	ag gum, fruit snacks, etc) Yes INO I the past? Yes NO I Yes NO I Yes NO I
Has any family members ever needed orthodontics in Has your child ever received local anesthetic? Has your child ever had occlusal sealants placed? Has parent or caregiver been diagnosed with tooth de	the past? Yes □ No □ Yes □ No □ Yes □ No □
Has your child ever received local anesthetic? Has your child ever had occlusal sealants placed? Has parent or caregiver been diagnosed with tooth de	Yes D No D Yes D No D
Has your child ever had occlusal sealants placed? Has parent or caregiver been diagnosed with tooth de	Yes 🗆 No 🗆
Has parent or caregiver been diagnosed with tooth de	
	ecay in the past 2 years? Yes \square No \square
Has your child had any baby or permanent teeth extra	
	acted in the past? Yes \Box No \Box
If yes, was it suggested that the space be main	intained? Yes 🗆 No 🗆
Was an appliance placed?	Yes 🗆 No 🗆
Has your child experienced any trauma to the teeth? ((falls, blows, chips, etc) Yes 🗆 No 🗆
If yes, please explain:	
How often does your child floss?	
When does your child brush their teeth?	
□ Upon rising in the morning □ After eating any	food 🛛 After meals 🔅 Before going to bed
How does your child currently receive fluoride?	
Community Water, ppm Well Water, ppm	n Drops or Tablets 🛛 Rinse or Gels
Please describe your child's diet (regular/favorite food	ds):
**To help connect with your child please tell us about	t his/her interests (favorite sports, hobbies, TV Shows, movies, etc)

Thank you for taking the time to fill this form out!

I certify that the above information is complete and accurate.

Parent/Guardian Signature: ______