Child's Name	d.	Date of Birth		
Medical History				
			Yes	No
Does your child have any major he	ealth problems?			<u> </u>
If yes, please explainHas your child been hospitalized?	1 War 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Has your child been hospitalized?				<u></u>
If yes, please explain Have you ever been told that your				
Have you ever been told that your	child has a heart mui	rmur?		
If yes, please explain Is your child currently being treated	d by a physician?			
If yes please explain	d by a physician?	•••••		
If yes, please explain Does your child suffer from any all	lergies?			
If yes, please explain.	reigies			
If yes, please explain Has your child ever experienced a	n unfavorable reaction	on to drugs, including antibiotics?		
Or local anesthetics?				
If yes, please explain.				
What medications is your child cu	rrently taking?			
Does your child have a history of	developmental or bel			
Above AverageAverage	ageBelow Av	erage Learning Disabled		
Has or does your child have a histe	ory or difficulty with	any of the following? (please circ	le)	
AIDC	Cl : C:			
AIDS	Chronic Sinus	Liver/Hepatitis		
Attention Deficit Disorder Asthma	Diabetes	Malignancies/Ca Rheumatic Fever		
Autism	Down Syndrome Ears/Hearing			
Bleeding Disorders	Heart	Seizures/Epilepsy Thyroid	У	
Cerebral Palsy	Kidneys	Tuberculosis		
Other				
Child's Physician	Address			
-	Phone N	lumber		
Specialist	Address			
	Phone N	lumber		
Dental History				
Last visit to the dentist: Date		Services Rende	ered	<u> </u>
What was your child's behavioral				
Does your child have dental comp	laints?Yes	_No		
If yes, please explain.	h d0			
Any injuries to the teeth, mouth, o		Daniel (Crindina) TMI/	I a last and	a la la sua a
Any history of the following?	Headaches Swelling	Bruxism (Grinding)TMJ/ Pain	Joint pr	oblems
Any history of the following?	Thumb sucking		. I	ip biting
This instory of the following:	Nail Biting	Bottle/Nursing after 12-14		ip oiting
Does your child brush daily?	Yes No			
Do you assist your child when:		No Flossing Yes N		
Is fluoride taken in any form?	Water (fluoride			drops
	Chewable table			шоро
What is your child's attitude towar	d dentistry?			
Do you desire complete dental ser		Yes No		
If no, please explain				
To the best of my knowledge, the				
providing incorrect information ca				
dental office of any changes in		status. I authorize the dental st	aff to p	erform the
necessary dental services my child	may need.			