

# MEDICAL HISTORY

YES NO

NAME OF CHILD'S PHYSICIAN? \_\_\_\_\_

HAS YOUR CHILD HAD ANY ILLNESS RECENTLY OR EVER BEEN HOSPITALIZED? .....

IF SO, WHAT? \_\_\_\_\_

IS YOUR CHILD TAKING ANY MEDICATIONS AT THE PRESENT TIME? .....

IF SO, WHAT? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY HEART DEFECT OR HEART PROBLEM? .....

HAVE YOU BEEN TOLD ANTIBIOTIC **PREMEDICATION** IS NECESSARY **PRIOR** TO DENTAL TREATMENT? .....

IS YOUR CHILD ALLERGIC TO LATEX OR ANY MEDICATIONS? .....

IF SO, WHAT? \_\_\_\_\_

DOES YOUR CHILD HAVE ASTHMA OR ANY OTHER ALLERGIES? .....

IF SO, WHAT? \_\_\_\_\_

HAS YOUR CHILD EVER HAD HEPATITIS? .....

DOES YOUR CHILD HAVE A BLOOD DISORDER? .....

HAS YOUR CHILD EVER HAD A BLOOD TRANSFUSION? .....

DOES YOUR CHILD HAVE AIDS OR HIV INFECTION? .....

DOES YOUR CHILD HAVE ANY PSYCHOLOGICAL DISORDERS? .....

PLEASE LIST: \_\_\_\_\_

PLEASE DISCLOSE ANY FACTS ABOUT THE CHILD'S PHYSICAL CONDITION WHICH ARE NOT STATED ABOVE: \_\_\_\_\_

## NOTES

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# DENTAL HISTORY

YES NO

WHO IS YOUR FAMILY DENTIST? \_\_\_\_\_

WHEN WAS YOUR CHILD'S LAST DENTAL APPOINTMENT? \_\_\_\_\_

WHEN WERE LAST DENTAL X-RAYS TAKEN? \_\_\_\_\_

HOW OFTEN DOES YOUR CHILD BRUSH HIS OR HER TEETH? \_\_\_\_\_

HAS YOUR CHILD RECEIVED ORTHODONTIC CARE? .....

DO YOU ASSIST WITH TOOTHBRUSHING? .....

IS YOUR CHILD COMPLAINING OF ANY CONDITION IN THE MOUTH? .....

IF SO, WHAT? \_\_\_\_\_

IS YOUR CHILD TAKING A FLUORIDE SUPPLEMENT? .....

DOES YOUR CHILD HAVE ANY HARMFUL ORAL HABITS? .....

HAS YOUR CHILD HAD A FRIGHTENING OR PAINFUL DENTAL EXPERIENCE? .....

WHAT HAVE YOU TOLD YOUR CHILD ABOUT TODAY'S DENTAL APPOINTMENT? \_\_\_\_\_