DENTAL/MEDICAL HISTORY

Has your child been to the dentist before? □ Yes □ No
If yes, the approximate date of last visit: ____________________________

Are there any dental problems that you are aware of at present? □ Yes □ No If yes, please explain: _______________________________________

Does your child brush his / her teeth daily? □ Yes □ No
Please rate your child's oral health: □ Good □ Fair □ Poor

Is your child currently under the care of a physician? □ Yes □ No
Child's physician: ____________________________
His / Her phone #: ____________________________
The approximate date of last visit: ____________________________
Please rate your child's medical health: □ Good □ Fair □ Poor

Is your child allergic to any drugs or other things? □ Yes □ No
If yes, please list: _______________________________________

Is your child taking any prescription drugs? □ Yes □ No
If yes, please list: _______________________________________

Does your child require antibiotics before dental treatment? □ Yes □ No

In the event of any emergency, whom should we contact?
Name: __________________________________________ Relationship: ____________________________
Phone: __________________________________ Phone #2: ____________________________

Are there any other medical conditions or problems relating to your child? □ Yes □ No
If yes, please list: _______________________________________

understand that 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 this 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.

The Parent or Guardian who accompanies the child is responsible for payment at time of service unless prior arrangements have been approved.

Signature of parent or guardian: ____________________________ Date: ____________________________

Thank you for filling out this form completely. It will enable us to give your child the best dental care possible. If you or your child have any questions, please feel free to ask us at any time.