

MEDICAL HISTORY

YES NO

NAME OF CHILD'S PHYSICIAN? _____

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

IF SO, WHAT FOR? _____

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

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? _____