


# ABOUT YOUR CHILD

CHILD´S NAME

NAME CHILD PREFERS TO BE CALLED

AGE ○ M ○ F DATE OF BIRTH

ADDRESS APT

CITY STATE ZIP

HOME PHONE PATIENT´S SCHOOL

GRADE LEVEL PATIENT´S HOBBIES/PETS

OTHER CHILDREN AND THEIR AGES

REFERRED TO OUR OFFICE BY (We wish to thank them)

PARENT´S MARITAL STATUS: ○ MARRIED ○ DIVORCED ○ SEPARATED ○ WIDOWED ○ SINGLE

# DENTAL HISTORY

YES NO
○ ○ Is this your child´s first visit to the dentist?
○ ○ If no, when was the last visit

Reason for initial visit:

○ Cosmetic ○ Habit ○ Orthodontics ○ Emergency
○ Behavior ○ Decay ○ Physical or mental handicap
○ Other, Please specify:

○ ○ Does your child still have a night time bottle?
○ ○ Does your child have a toothache?

# MEDICAL HISTORY

Is your child presently under the care of your family physician for any medical reason? ○ Yes ○ No If yes, what?

FAMILY PHYSICIAN´S NAME

ADDRESS PHONE NUMBER YES NO

Is your child in good health? If no, what? ○ ○

Does your child have any drug allergies? If yes, explain. ○ ○

Is your child taking any medications at this time? If yes, list. ○ ○

Has your child ever been hospitalized or treated in an emergency room for any particular trauma? When and for what reason? ○ ○

Does your child have, or has he or she had, any emotional, mental or nervous disorders? If yes, please explain. ○ ○

Have your child´s tonsils and/or adenoids been removed? ○ ○

PLEASE INDICATE IF YOUR CHILD HAS HAD ANY OF THE FOLLOWING:

○ Allergy to Penicillin
○ Other drug allergy
○ Radiation treatment
○ Amenia
○ Rheumatic fever
○ Bone disorder
○ Positive for H.I.V.
○ Diabetes
○ Epilepsy, seizures
○ Bleeding disorder
○ Tuberculosis
○ Endocrine disorder
○ Cleft palate
○ Mental handicap
○ Liver problems or hepatitis
○ Malignancies or leukemia
○ Speech problem
○ Hyperactivity
○ Pin, joint, prosthesis ○ Physical handicap ○ Attention Deficit Disorder ○ Asthma
○ Heart Ailment or Murmur. Type, if known Is child under the care of a cardiologist or special physician for the problem? If so, whom
Phone
○ Other

Please comment on any problems that were checked in the above areas