

WELCOME TO OUR DENTAL PRACTICE  
WE WOULD LIKE TO GET TO KNOW YOUR CHILD

DATE \_\_\_\_\_

NAME \_\_\_\_\_

NICKNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

PHONE \_\_\_\_\_

DATE OF LAST PHYSICAL \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

CHILD'S FAVORITE SPORT \_\_\_\_\_ FAVORITE HOBBY \_\_\_\_\_ FAVORITE PERSON \_\_\_\_\_

**MEDICAL HISTORY**

**DENTAL HISTORY**

IS YOUR CHILD UNDER A PHYSICIAN'S CARE?  
REASON:

DATE OF LAST DENTAL VISIT  
FOR WHAT SERVICES

WHAT MEDICATION IS YOUR CHILD TAKING?

HAS YOUR CHILD COMPLAINED OF ANY DENTAL  
PROBLEMS?

DOES YOUR CHILD HAVE ANY ALLERGIES?  
LIST:

ANY UNHAPPY DENTAL EXPERIENCES?

ANY INJURIES TO HEAD-MOUTH-TEETH?

TO THE BEST OF YOUR KNOWLEDGE, HAS YOUR  
CHILD EVER BEEN AFFLICTED WITH:            YES    NO

ANY HABITS-THUMBSUCKING, GRINDING TEETH,  
MOUTH BREATHING?

ANY UNUSUAL SPEECH HABITS?

HEART AILMENTS DIABETES

ANY LOSS OF TEETH?

RHEUMATIC FEVER EPILEPSY

DOES YOUR CHILD BRUSH DAILY

RESPIRATORY PROBLEMS KIDNEY DISEASE

HOW OFTEN?

TB

DO YOU ASSIST YOUR CHILD WITH BRUSHING?

LIVER DISEASE

HOW OFTEN?

HIV+

ARE DISCLOSING TABLETS USED?

BLOOD DISORDER

IS FLOURIDE TAKE IN ANY FORM?

PROLONGED BLEEDING

CHILD'S ATTITUDE TO DENTISTRY?

HEALING PROBLEMS

DO YOU DESIRE COMPLETE DENTAL SERVICES FOR  
YOUR CHILD ?

STOMACH OR INTESTINAL DISORDER

COMMENTS:

COLD SORES

HAS YOUR CHILD EVER BEEN  
HOSPITALIZED REASON

Signature \_\_\_\_\_  
Parent or Guradian

DID HE/SHE RECEIVE A BLOOD TRANSFUSION

IS THERE ANY OTHER MEDICAL CONDITIONS WE  
NEED TO BE AWARE OF?