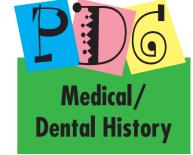
## pediatric dental group



Child's Name Please Print (Last) (First) (1	MI) Birthday			Dental History
Is English your primary language? 🗖 Yes 📮 No				•
Medical History				
Child's Physician	_ Address		Phone # (	)
Date of Last Visit	Reason			
Is your child in good physical health? Is your child up to date with immunizations? Is there any possibility your child could be pregnant?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ No Does your child have any physical/mental/muscular/handicaps? ☐ Yes ☐		
Please check any of the following that may pertain to your Does your child need to be pre-medicated due to a medica		es 🗆 No		
☐ Heart Murmur ☐ Epilepsy ☐ Heart Condition ☐ Diabetes ☐ Lung Problem ☐ Cerebral Palsy ☐ Bleeding Problem ☐ Sickle Cell Anemia ☐ Liver Problem ☐ Hepatitis ☐ Kidney Problem ☐ AIDS / HIV+	☐ Latex Allergy ☐ Cancer ☐ Tuberculosis ☐ Asthma ☐ Allergies (seasonal) ☐ Sinus Problems		☐ Seizures ☐ Learning Disability ☐ Handicaps ☐ Hearing Problems ☐ Sight Problems ☐ Blood Transfusions	☐ Brain Injury ☐ Anemia ☐ Rheumatic Fever ☐ RSV ☐ Allergy to tree sap or resir ☐ Other
Please describe any Medical Condition that was checked a	bove:			
Please list all Medications your child is taking  Is your child allergic to any Medications?  Yes No  Is there any possibility your child could be pregnant?  Yes Dental History	If yes, list			
Reason Your Child is Here Today Is your child in any dental discomfort today?		□No		
Is this your child's first dental visit?		□No	Were X-Rays to	ken?
If yes, please explain Has your child experienced any unfavorable reactions to a				
		Address Phone # (		
What is your water source?    Private Well    Public Does your child suck their thumb or finger?  Does your child use a pacifier?  Was your child bottle fed? If yes, age it was discontinued?	Yes No	o Does your	child ever had trauma to their their their of spee or any of your children had or	
How do you assist your child with tooth brushing?				
Permission				
I understand that the information I have given is correct to ity to inform this office of any changes to my child's medic		-		
Parent / Guardian's Signature			D	ate