

Oral Health History

What is the purpose of your visit to the dentist today?

Has the child ever had a serious/difficult problem associated with previous dental work? Y N

Is the child's water fluoridated? Y N

Is the child taking fluoridated supplements? Y N

Has the child ever had any pain or tenderness in his/her jaw joint (TMJ/TMD)? Y N

Does the child brush his/her teeth daily? Y N

Floss daily? Y N

Did the child have any of the following habits?

Lip sucking/biting Y N

Nail biting Y N

Nursing bottle habits Y N

Finger sucking Y N

Medications & Allergies

Has the child ever taken Fosamax or any other bisphosphonate? Y N

Has the child ever taken Phen-Fen? Y N

Please list all drugs/medications that the child is taking along with the dosage/frequency:

Please list all drugs and materials that the child is allergic to:

Latex _____ Metals/Nickel _____ Plastics _____

Medical Conditions

Please check all that apply to the child:

____ Abnormal bleeding

____ ADD

____ ADHD

____ Allergies to any drugs

____ Any hospital stays: _____

____ Any operations: _____

____ Artificial bones / joints / valves

____ Asthma

____ Autism

____ Cancer

____ Cerebral palsy

____ Congenital heart defect

____ Convulsions / epilepsy

____ Diabetes

____ Down Syndrome

____ Handicaps / disabilities: _____

____ Hearing impairment

____ Heart murmur

____ Hemophilia

____ Hepatitis

____ HIV + / AIDS

____ Kidney / liver problems

____ Respiratory disease: _____

____ Rheumatic / Scarlet fever

____ Sickle cell disease / traits

____ Tuberculosis (TB)

Please discuss any additional serious medical problems that the child has:

Consent

I 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 the patient's medical status. I authorize the dental staff to perform the necessary dental services that my child may need. I understand that I, the parent/guardian accompanying the child today, am responsible for payment at the time of service unless prior arrangements have been approved.

Signature

Date

Our office is HIPAA Compliant and is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA.