

Child's Dental and Medical History

What is the reason for your child's visit ? _____

Has your child ever been evaluated or had orthodontic treatment before? Y N

Have there been any injuries to the face, mouth, teeth or chin? Y N

Does your child require antibiotics before dental treatment? Y N

Does your child have any missing or extra permanent teeth? Y N

Does your child brush his/her teeth daily? Y N Floss daily? Y N

Has your child ever had any pain/tenderness in the jaw joint? Y N

Child's Physician: _____ City: _____

Is your child currently under the care of a physician? Y N

Has puberty begun? Y N Girls: Has menstruation begun? Y N

Please describe child's current physical health: Good Fair Poor

Please list all drugs your child is currently taking: _____

Does your child have allergies to any of the following?

Latex Y N Nickel/Metals Y N Plastic Y N

Please list any other allergies that the child may have: _____

Has your child ever taken any diet pills such as Phen-Fen? Y N

(Also known as Redux or Pondimin) If so, when? _____

Please list any serious medical problems your child has had: _____

Are any of the following conditions present?
Please circle yes or no, if yes circle the condition.

- | | |
|------------------------------------|--------------------------------|
| Y N Abnormal Bleeding /Anemia | Y N Heart Murmur/Pacemaker |
| Y N ADD/ADHD/Learning Disabled | Y N Hemophilia |
| Y N AIDS/HIV+/Hepatitis | Y N High/Low Blood Pressure |
| Y N Artificial Bones/Joints/Valves | Y N Kidney/Liver Problems |
| Y N Asthma | Y N Leukemia |
| Y N Cancer/Chemo/Radiation | Y N Mitral Valve Prolapse |
| Y N Congenital Heart Defect | Y N Rheumatic/Scarlet Fever |
| Y N Diabetes | Y N Tuberculosis |
| Y N Drug/Alcohol Problems | Y N Psychiatric Problems |
| Y N Epilepsy/Seizures/Fainting | Y N Tonsils/Adenoids Removed |
| Y N Handicaps/Disabilities | Y N Use of Tobacco Products |
| Y N Hearing Impaired | Y N Venereal Disease |
| Y N Heart Attack/Stroke | Y N Visually Impaired/Glaucoma |

Has your child ever experienced any of the following?

- | | |
|---|---------------------------|
| Y N Clenching/Grinding Teeth | Y N Nursing/Bottle Habits |
| Y N Lip Sucking/Biting | Y N Speech Problems |
| Y N Mouth Breathing | Y N Tongue Thrust |
| Y N Nail Biting | Y N Pacifier Usage |
| Y N Thumb/Finger Sucking: Age Stopped _____ | |

Other condition not listed above that you feel we should know about: _____

I understand that the information I have given is correct to the best of my knowledge, that it will be held in the strictest confidence and that it is my responsibility to inform this office of any changes in my child's medical status. I authorize the dental staff to perform the necessary dental/orthodontic services that my child may need.

This office reserves the right to verify the credit status of potential patients and/or parents of patients prior to extending credit for treatment fees and may, at the discretion of this office, use the services of one or more credit reporting services.

SIGNATURE-RESPONSIBLE PERSON LISTED ON FRONT **DATE**

Employed Retired Unemployment Comp None Other

Occupation Professional Sales/Admin Trade/Tech

None Service Military Officer Enlisted

SIGNATURE OF PARENT OR GUARDIAN DATE

If this office accepts insurance, I understand that I am responsible for payment of services rendered and also responsible for paying any co-payment and deductibles that my insurance does not cover. I hereby authorize payment of the group insurance benefits directly to this office.

SIGNATURE OF PARENT OR GUARDIAN 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.

Medical History Update (For later use)

Has there been any change in your child's health status since their last visit? Y N

If yes, please explain: _____

PARENT/GUARDIAN SIGNATURE DATE

WITNESS DATE

Has there been any change in your child's health status since their last visit? Y N

If yes, please explain: _____

PARENT/GUARDIAN SIGNATURE DATE