OAK HARBOR PEDIATRIC DENTISTRY

Child's Name _____

DENTAL HISTORY

(Please explain briefly all YES answers.)

Date of last visit to a dentist _____ Name of former dentist _____

Address (city/state/zip) _____

For what service? _____

	Yes	No
Has child complained about dental problems?	❑	❑
Any unhappy dental experiences?	❑	❑
Any injuries to mouth / teeth / head?	❑	❑
Any mouth habits? (thumbsucking, nail biting, mouth breathing, nursing, bottle habits, pacifier, etc.)	❑	❑
Any unusual speech habits?	❑	❑

Why did you bring your child to see us today?

	Yes	No
Orthodontic appliances worn now or in the past?	❑	❑
Do you assist child with tooth brushing?	❑	❑
Is fluoride taken in any form?	❑	❑

Flouride Toothpaste	Flouride Mouthwash	Flouridated Water	Flouride Tablets/Drops
❑	❑	❑	❑

Child's attitude toward dentistry _____

Do you think your child will cooperate for dental treatment? ❑ ❑

Any concerns you have about your child's teeth? _____

HEALTH HISTORY

Child's Physician _____ Phone _____

Address (city/state/zip) _____

Approximate date of last physical examination _____ Results _____

	Yes	No
May we consult with your physician, if necessary?	❑	❑
Is your child in good health now?	❑	❑
Is child receiving any medication or drugs?	❑	❑
Is there any excessive bleeding when cut?	❑	❑
Has child ever been hospitalized?	❑	❑
Is there any allergy to penicillin or other drugs?	❑	❑
Are there other allergies? (food - pollen - animals - dust - other)	❑	❑

	Yes	No
Does child have a chronic cough?	❑	❑
Has the child been exposed to a friend or relative with tuberculosis?	❑	❑
Does child have good physical coordination?	❑	❑
Are there any emotional problems?	❑	❑

Please describe any current medical treatment including drugs, pending surgery, recent injuries or any other information we should be aware of that we have not discussed:

Has child had any history of or difficulty with any of the following: (check all that apply)

❑ Anemia	❑ Chicken Pox	❑ Epilepsy	❑ Kidney	❑ Measles	❑ Thyroid
❑ Asthma	❑ Chronic Sinus	❑ Fainting	❑ Liver	❑ Immune Deficiency	❑ Tuberculosis
❑ Bladder	❑ Convulsions	❑ Hearing	❑ Malignancies	❑ Mumps	❑ Ulcers
❑ Cerebral Palsy	❑ Diabetes	❑ Heart	❑ Arthritis	❑ Rheumatic Fever	❑ Hepatitis
❑ HIV Infection	❑ Blood Transfusion				