

HEALTH HISTORY

Date: _____
 Child's Name: _____ Nick Name: _____
 Age: _____ Date of Birth: _____ Male Female

MEDICAL HISTORY

Pediatrician: _____ Phone: _____
 Date of last physical: _____
 Is your child in good health? Yes No Are immunizations up to date? Yes No
 Is your child taking any medications? Yes No Please List: _____

Please circle Y or N regarding your child's history of the following:

- | | | |
|--------------------------------|---------------------------------|------------------------------|
| Y N Allergies Environmental | Y N Cancer/Tumors | Y N HIV/AIDS |
| Y N Allergies Foods/Dyes | Y N Cleft Lip/Palate | Y N Hyperactivity/ADD/ADHD |
| Y N Allergies Medications | Y N Diabetes | Y N Hospitalizations/Surgery |
| Y N Latex Allergy | Y N Epilepsy/Seizures | Y N Kidney Disease |
| Y N Anemia/ Bleeding Problems | Y N Growth/Development Problems | Y N Rheumatic Fever |
| Y N Asthma | Y N Hearing/Speech Problems | Y N Sickle Cell Disease |
| Y N Autism/PDD | Y N Heart Murmur/Heart Disease | Y N Sickle Cell Trait |
| Y N Birth Defects/Disabilities | Y N Hepatitis/Liver Disease | |

If you answered Yes to any of the above, please explain: _____

Other medical information we should know about your child: _____

DENTAL HISTORY

Previous Dentist: _____ Date of Last Visit: _____
 Reason for leaving previous dentist: _____
 Reason for today's visit: _____

Does your child brush daily? Yes No How Often? _____

Floss their teeth daily? Yes No Do you help your child brush and floss? Yes No

Has your child had any injuries to the teeth, mouth or jaw? Yes No

Has your child had or have any of the following habits?

- | | | |
|--------------------------|-----------------------------|--------------|
| Y N Thumb/Finger Sucking | Y N Nail Biting | Y N Snoring |
| Y N Lip Sucking/Biting | Y N Nursing Bottle/Pacifier | Y N Grinding |

To the best of my knowledge, the above information is complete and accurate. I understand that this information may be disclosed in treatment, for payment, and in normal healthcare operations. I understand that I am responsible for any financial obligation incurred for the services provided. If I fail to make payments when due, I will be responsible for any costs incurred to collect overdue sums such as legal fees, collection agency fees and expenses and a minimum \$35.00 collection processing fee.

Signature: _____ **Relationship:** _____ **Date:** _____