

Child's Examination Form

LAST NAME _____ FIRST NAME _____ DATE OF BIRTH _____ DATE OF EXAM _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____ HOME PHONE _____
 PARENT OR GUARDIAN'S NAME _____ HOME PHONE _____ BUSINESS PHONE _____

MEDICAL HEALTH HISTORY

General Health (please check):
 Excellent Good Fair Poor

Who is child's physician?
Address? _____

When did child have last complete physical examination?

Is child being treated for anything now?

Does child have or ever had:

<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing Problem
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Anemia	<input type="checkbox"/> Epilepsy/Convulsions	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> AIDS or HIV +	<input type="checkbox"/> Speech Impediment	

Is child allergic to (Please check):

<input type="checkbox"/> Penicillin	<input type="checkbox"/> Codeine	<input type="checkbox"/> Latex	Is child allergic to any other drugs? If so, what? _____
<input type="checkbox"/> Novocaine	<input type="checkbox"/> Other		

Is child taking any medications now?
(Please specify) _____

Does child have any allergies?

Is child subject to prolonged bleeding?

Does child have any emotional problems?

I verify the above and give my consent for treatment

Parent or Guardian's Signature _____

DENTAL HEALTH HISTORY - CHILD

Date of your child's last dental exam

What concerns you most about your child's dental health?

Does your child ever have dental pain? If so, when?

Did your child ever have a negative dental experience?

Discuss

Mouth habits:

Thumb sucking Mouth breathing Bottle nursing

Has your child had teeth removed?

Has child had orthodontic treatment?

Does your child have a "sweet" tooth?

How often does your child brush?
Floss?

Has your child received any fluoride treatment?

pill / vitamins topical water

Are you happy with the appearance of your child's teeth?

Has anyone explained the importance of primary teeth?