



# Introduction & Child Health History Sheet

IN ORDER THAT WE MAY THOROUGHLY EVALUATE YOUR DENTAL PROBLEM, YOUR KINDNESS IN FURNISHING THE FOLLOWING INFORMATION WILL BE APPRECIATED. ALL ANSWERS WILL BE HELD IN STRICT CONFIDENCE AND USED IN THE PREPARATION OF YOUR CLINICAL TREATMENT CHART.

|                         |       |               |              |     |      |                         |      |                 |     |
|-------------------------|-------|---------------|--------------|-----|------|-------------------------|------|-----------------|-----|
| 1. CHILD'S NAME         |       | 2. BIRTHDATE: |              |     |      | ADDRESS                 | CITY | STATE           | ZIP |
| LAST                    | FIRST | M.            | MO.          | DAY | YEAR |                         |      |                 |     |
| CHILD'S SS #            |       |               |              |     |      | PARENT / GUARDIAN EMAIL |      |                 |     |
| HOME PHONE:             |       |               |              |     |      | CELL PHONE:             |      |                 |     |
| SCHOOL:                 |       |               |              |     |      | WORK PHONE (PT):        |      |                 |     |
|                         |       |               |              |     |      | REFERRED BY:            |      |                 |     |
| PARENT / GUARDIAN       |       |               | RELATIONSH P |     |      | PREVIOUS DENTIST        |      | LAST VISIT DATE |     |
| CHILD'S PHYSICIANS NAME |       |               | ADDRESS      |     |      | PHONE                   |      |                 |     |

|   |                              |               |       |        |             |                |               |                |               |        |                 |                              |          |  |                     |       |       |  |   |              |                      |               |                      |                 |                      |            |                      |             |                      |                 |                      |                    |  |
|---|------------------------------|---------------|-------|--------|-------------|----------------|---------------|----------------|---------------|--------|-----------------|------------------------------|----------|--|---------------------|-------|-------|--|---|--------------|----------------------|---------------|----------------------|-----------------|----------------------|------------|----------------------|-------------|----------------------|-----------------|----------------------|--------------------|--|
| <p>Is child receiving treatment from a physician at the present time? <span style="float:right">YES NO</span><br/>If so, for what?</p> <p>Is this the child's first visit to the dentist? <span style="float:right">YES NO</span></p> <p>Has child ever had severe &amp; prolonged bleeding after cuts or tooth extractions? <span style="float:right">YES NO</span></p> <p>Does your child bruise easily? <span style="float:right">YES NO</span></p> <p>Has child ever been given local anesthetic (novocaine)? <span style="float:right">YES NO</span></p> <p>Were there any unfavorable reactions to this? <span style="float:right">YES NO</span></p> <p>Has child's tonsils been removed? <span style="float:right">YES NO</span><br/>If yes, at what age?</p> <p>Please indicate below which of the following diseases your child has had:</p> <table style="width:100%; border:none;"> <tr> <td>Measles</td> <td>Liver Disease</td> </tr> <tr> <td>Mumps</td> <td>Asthma</td> </tr> <tr> <td>Chicken Pox</td> <td>Kidney Disease</td> </tr> <tr> <td>Scarlet Fever</td> <td>Whooping Cough</td> </tr> <tr> <td>Heart Disease</td> <td>Anemia</td> </tr> <tr> <td>Rheumatic Fever</td> <td>Cerebral or Mental Imbalance</td> </tr> <tr> <td>Diabetes</td> <td></td> </tr> <tr> <td>Epilepsy (seizures)</td> <td>Other</td> </tr> <tr> <td>Polio</td> <td></td> </tr> </table> <p>Has child ever had surgery on X-ray treatment for a tumor, growth or other condition in your mouth or on your lips, or other areas of the body? <span style="float:right">YES NO</span></p> | Measles                      | Liver Disease | Mumps | Asthma | Chicken Pox | Kidney Disease | Scarlet Fever | Whooping Cough | Heart Disease | Anemia | Rheumatic Fever | Cerebral or Mental Imbalance | Diabetes |  | Epilepsy (seizures) | Other | Polio |  | <p>Does child have a prosthetic (artificial) heart valve, heart murmur or Mirtal Valve Prolapse? <span style="float:right">YES NO</span></p> <p>Is child allergic (sensitive) to any food or drugs such as aspirin, penicillin or novocaine? <span style="float:right">YES NO</span><br/>If so, what?</p> <p>Is child taking any medicines at the present time? <span style="float:right">YES NO</span><br/>If so, what?</p> <p>Does your child take vitamin supplements with fluoride? <span style="float:right">YES NO</span></p> <p>Has child ever been given general anesthetic (been put to sleep), either for oral surgery or any other type of surgery? <span style="float:right">YES NO</span></p> <p>Do you object to child having to Bite Wing X-rays once a year? <span style="float:right">YES NO</span></p> <p>Please indicate below which of the following habits your child has, or had, and at about what age the habit ended:</p> <table style="width:100%; border:none;"> <tr> <td>Thumbsucking</td> <td>Stopped at what age:</td> </tr> <tr> <td>Fingersucking</td> <td>Stopped at what age:</td> </tr> <tr> <td>Blanket Sucking</td> <td>Stopped at what age:</td> </tr> <tr> <td>Lip Biting</td> <td>Stopped at what age:</td> </tr> <tr> <td>Nail Biting</td> <td>Stopped at what age:</td> </tr> <tr> <td>Mouth Breathing</td> <td>Stopped at what age:</td> </tr> <tr> <td>Other oral habits:</td> <td></td> </tr> </table> <p>Have you any OTHER reason to think that your child is not now in good health? <span style="float:right">YES NO</span><br/>If so, what?</p> | Thumbsucking | Stopped at what age: | Fingersucking | Stopped at what age: | Blanket Sucking | Stopped at what age: | Lip Biting | Stopped at what age: | Nail Biting | Stopped at what age: | Mouth Breathing | Stopped at what age: | Other oral habits: |  |
| Measles   | Liver Disease                |               |       |        |             |                |               |                |               |        |                 |                              |          |  |                     |       |       |  |   |              |                      |               |                      |                 |                      |            |                      |             |                      |                 |                      |                    |  |
| Mumps   | Asthma                       |               |       |        |             |                |               |                |               |        |                 |                              |          |  |                     |       |       |  |   |              |                      |               |                      |                 |                      |            |                      |             |                      |                 |                      |                    |  |
| Chicken Pox   | Kidney Disease               |               |       |        |             |                |               |                |               |        |                 |                              |          |  |                     |       |       |  |   |              |                      |               |                      |                 |                      |            |                      |             |                      |                 |                      |                    |  |
| Scarlet Fever   | Whooping Cough               |               |       |        |             |                |               |                |               |        |                 |                              |          |  |                     |       |       |  |   |              |                      |               |                      |                 |                      |            |                      |             |                      |                 |                      |                    |  |
| Heart Disease   | Anemia                       |               |       |        |             |                |               |                |               |        |                 |                              |          |  |                     |       |       |  |   |              |                      |               |                      |                 |                      |            |                      |             |                      |                 |                      |                    |  |
| Rheumatic Fever   | Cerebral or Mental Imbalance |               |       |        |             |                |               |                |               |        |                 |                              |          |  |                     |       |       |  |   |              |                      |               |                      |                 |                      |            |                      |             |                      |                 |                      |                    |  |
| Diabetes  |                              |               |       |        |             |                |               |                |               |        |                 |                              |          |  |                     |       |       |  |   |              |                      |               |                      |                 |                      |            |                      |             |                      |                 |                      |                    |  |
| Epilepsy (seizures)   | Other                        |               |       |        |             |                |               |                |               |        |                 |                              |          |  |                     |       |       |  |   |              |                      |               |                      |                 |                      |            |                      |             |                      |                 |                      |                    |  |
| Polio   |                              |               |       |        |             |                |               |                |               |        |                 |                              |          |  |                     |       |       |  |   |              |                      |               |                      |                 |                      |            |                      |             |                      |                 |                      |                    |  |
| Thumbsucking  | Stopped at what age:         |               |       |        |             |                |               |                |               |        |                 |                              |          |  |                     |       |       |  |   |              |                      |               |                      |                 |                      |            |                      |             |                      |                 |                      |                    |  |
| Fingersucking   | Stopped at what age:         |               |       |        |             |                |               |                |               |        |                 |                              |          |  |                     |       |       |  |   |              |                      |               |                      |                 |                      |            |                      |             |                      |                 |                      |                    |  |
| Blanket Sucking   | Stopped at what age:         |               |       |        |             |                |               |                |               |        |                 |                              |          |  |                     |       |       |  |   |              |                      |               |                      |                 |                      |            |                      |             |                      |                 |                      |                    |  |
| Lip Biting  | Stopped at what age:         |               |       |        |             |                |               |                |               |        |                 |                              |          |  |                     |       |       |  |   |              |                      |               |                      |                 |                      |            |                      |             |                      |                 |                      |                    |  |
| Nail Biting   | Stopped at what age:         |               |       |        |             |                |               |                |               |        |                 |                              |          |  |                     |       |       |  |   |              |                      |               |                      |                 |                      |            |                      |             |                      |                 |                      |                    |  |
| Mouth Breathing   | Stopped at what age:         |               |       |        |             |                |               |                |               |        |                 |                              |          |  |                     |       |       |  |   |              |                      |               |                      |                 |                      |            |                      |             |                      |                 |                      |                    |  |
| Other oral habits:  |                              |               |       |        |             |                |               |                |               |        |                 |                              |          |  |                     |       |       |  |   |              |                      |               |                      |                 |                      |            |                      |             |                      |                 |                      |                    |  |

UPDATES:

|      |          |      |          |      |          |                             |      |
|------|----------|------|----------|------|----------|-----------------------------|------|
|      |          |      |          |      |          |                             |      |
| Date | Initials | Date | Initials | Date | Initials | Parent / Guardian Signature | Date |