



Pediatric Medical & Dental History

Patient Name _____ Date of Birth ____/____/____

Parents' Names _____

Mailing Address _____ City _____ State _____ Zip Code _____

Email _____

Telephone Numbers (H) _____ (C) _____ (W) _____

"Whom may we thank for telling you about our office?" _____

- Does your child have any current health problems?.....yes ☐no ☐
- What medications is your child currently taking?

- Has your child ever had a serious illness, operation, or hospitalization?.....yes ☐no ☐
If yes, please describe _____ When? _____

- Has your child ever had, or do they currently have any of the following conditions? (Please circle)

Rheumatic Fever	Cancer/Tumors	Splenectomy
Heart Condition	Allergies or Hives	ADD
Heart Murmur	Diabetes	ADHD
Abnormal Blood Pressure	Hepatitis/Liver Disease	Autism Spectrum
Sickle Cell Disease/Trait	Brain Injury	Developmental Delay
Blood Disease/Bleeding Disorder	Seizures	MTHFR
Leukemia	Speech Disorder	Other _____
Anemia	Emotional Disorder	
Lung Disease	Transfusions	NONE
Asthma	Kidney Disease	

- Is your child allergic to, or has he/she reacted adversely to any of the following: (Please circle)

Aspirin	Penicillin	Sedatives
Acetaminophen (Tylenol)	Amoxicillin	Latex
Nitrous Oxide (laughing gas)	Erythromycin	Other Substances? _____
Local Anesthetic ("Novocaine")	Codeine	NONE

How long since your last dental visit? _____ Has your child ever had an UNHAPPY dental experience? _____

Is your child having a dental problem now? _____ If yes, please describe _____

Has your child ever had any injuries to the teeth, mouth, or head? _____ If yes, describe _____

Circle any that apply to your child: THUMBSUCKING PACIFIER NAILBITING GRINDING SNORING

Has your child ever taken a bottle or "sippy cup" at naptime or bedtime? _____

To the best of my knowledge, the above questions have been answered accurately. I hereby consent to the initial examination, including the taking of diagnostic radiographs (x-rays), photographs, and casts as deemed necessary by Dr. Church.

Signature of Parent/Guardian _____ Date _____