ABC Pediatric Dentistry

PATIENT INFORMATION

Date_____ Patient Full Name:_____ Preferred Name: _____ Birth Date: _____ ☐ Male ☐ Female

Name of person completing this form_____ Relationship to Patient: ☐ Mother ☐ Father ☐Step-parent ☐ Other_____

Patient lives with ☐ Both Parents ☐ Mother ☐ Father ☐ Other_____

DENTAL HISTORY

Reason for today's visit: ☐ 6 Month Cleaning Appointment ☐ Restorative Work ☐ Other_____

Is the patient in pain? ☐ Yes ☐ No

In general, what has the patient's past dental experience been? Good Average Poor

MEDICAL HISTORY

Name of patient's Physician_____Clinic_____

YES	NO	
☐	☐	Is the patient currently under medical care? Reason(s)_____
☐	☐	Taking medications?
☐	☐	Ever had surgery or been hospitalized overnight? Explain_____
☐	☐	Ever had a blood transfusion yes, Date___/___/___
☐	☐	Does patient have any Tubes, Shunts, or Prostheses? If yes, explain;_____
☐	☐	Allergies; Latex, Food, Medications etc. If yes, please list_____ _____
☐	☐	AIDS/ HIV
☐	☐	Asthma
☐	☐	Behavior problems
☐	☐	Blood disorder ☐ Anemia ☐ Hemophilia ☐ Sickle cell anemia ☐ Other _____
☐	☐	Cancer
☐	☐	Cerebral Palsy
☐	☐	Chicken Pox ☐ recent exposure

YES	NO	
☐	☐	Cognitive Delay, Functional age level_____
☐	☐	Diabetes, medication_____
☐	☐	Epilepsy, Seizures, Medications?_____
☐	☐	Hepatitis or Liver disease/ exposure
☐	☐	Heart Disease Explain: ☐ Murmur ☐ Congenital Defect ☐ History of rheumatic fever
☐	☐	Hearing Loss
☐	☐	Kidney Disease
☐	☐	Learning disability
☐	☐	Measles
☐	☐	Pregnancy
☐	☐	Skin Rash
☐	☐	Sinus Problems
☐	☐	Thyroid Condition
☐	☐	Tuberculosis / exposure

☐ I am the parent or legal guardian for this child and by checking this box I understand I will be financially responsible for any services rendered.

I certify that I have read and understand the above. I acknowledge that my questions if any, about the inquiries set forth above have been answered to my satisfaction. I will not hold Dr. Allen, Dr. Kurt, Dr. Brandon, or any members of their staff, responsible for any errors or omissions that I have made in the completion of this form.

Signature of Parent/Guardian_____ Date ___/____/____