

**CHILD'S MEDICAL HISTORY**

Yes No Does your child have any general health problems? If so, please specify  
\_\_\_\_\_  
\_\_\_\_\_

Yes No Is the child currently under a physician's care? If so, reason  
\_\_\_\_\_  
\_\_\_\_\_

Yes No Is your child taking any drugs or medications? If so, what  
\_\_\_\_\_  
\_\_\_\_\_

*To the best of your knowledge, does your child have a history of any of the following:*

- Yes No Heart Ailment
- Yes No Diabetes
- Yes No Rheumatic Fever
- Yes No Liver or Kidney disease
- Yes No High Blood Pressure
- Yes No Lung Ailment
- Yes No Hepatitis
- Yes No AIDS / HIV +
- Yes No Prolonged Bleeding
- Yes No Thyroid Disorder
- Yes No Tumors or Growths
- Yes No Allergy to any Drugs. If so, please list  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any health problems you think we should know about.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD'S DENTAL HISTORY**

DATE OF LAST VISIT TO DENTIST \_\_\_\_\_  
FOR WHAT SERVICE? \_\_\_\_\_  
\_\_\_\_\_

Yes / No Has child complained about any dental problem?  
  
Yes / No Any unhappy dental experiences?

Yes / No Any mouth habits - thumb sucking, nail biting, mouth breathing , nursing/bottle habits, pacifier etc.?  
  
Yes / No Any unusual speech habits?

Yes / No Does child brush his/her teeth?  
How often? \_\_\_\_\_

Yes / No Is fluoride taken in any form?  
  
Yes / No Orthodontic appliances worn now or ever?

Yes / No Do you desire complete dental services for this child?

I, the undersigned, agree to the release of any pertinent information as needed to process any dental claims. I understand that I am financially responsible for any and all charges incurred for my child's dental health and agree to pay all due balances in a timely manner regardless of anticipated insurance estimates and/or payments.

\_\_\_\_\_  
Signature of parent or guardian. Date