PEDIATRIC MEDICAL HISTROY

Patient name: _____ M / F Date of birth: _____

Type of Pet: _____ Pets name: _____

Interests or Hobbies: _____

The purpose for this visit? _____

Past History:

1. Is the child in good health: ☐ Yes ☐ No
2. Has the child had a medical exam within the past year? ☐ Yes ☐ No

3. Any history of:
☐ Heart Disease ☐ Heart Murmur ☐ Asthma
☐ Tuberculosis ☐ Congenital Heart Defect ☐ Bleeding Disorder ☐ Diabetes
☐ Allergies ☐ Kidney or Liver Disease ☐ Rheumatic Fever ☐ Epilepsy
☐ Brain Injury ☐ Mitral Valve Prolapse

Any other Medical Problems you think the doctor should be advised of? _____

4. Is the child allergic to or had an adverse reaction to:
☐ Penicillin ☐ Pollens ☐ Local Anesthetics ☐ Antibiotics ☐ Aspirin ☐ Metals
☐ Other_____

5. Has the child had a cerebral or spastic condition? ☐ Yes ☐ No

6. Has the child had any of the following? ☐ Measles ☐ Mumps ☐ Chicken Pox
☐ Whooping Cough ☐ Scarlet Fever

7. Has the child had any unfavorable reaction from previous medical or dental treatment?
☐ Yes ☐ No _____

8. Has the child ever been hospitalized? ☐ Yes ☐ No
If so, Why? _____

9. Is the child currently taking any medication or vitamins? ☐ Yes ☐ No
If yes, List: _____

10. Date of last dental care? _____ Former Dentist: _____

11. Name of child's physician: _____ Phone # _____

12. After the Dentist has discussed necessary treatment with you, may we have your consent to use needed medications and perform necessary dental treatment for this child?

Signed: _____
(child's legal guardian)

Signature of Doctor: _____ Relationship: _____ Date: _____

Medical/Dental History Update

Patient Name ____

Date________________
Changes☐yes☐no / pre-med taken☐ yes☐ no
Specify______________________________
Hyg________________ Parent______________

Date________________
Changes☐ yes☐no / pre-med taken☐yes ☐no
Specify______________________________
Hyg________________ Parent______________

Date________________
Changes☐yes☐no / pre-med taken ☐yes ☐no
Specify______________________________
Hyg________________ Parent______________

Date________________
Changes☐ yes☐no / pre-med taken☐yes ☐no
Specify______________________________
Hyg________________ Parent______________

Date________________
Changes☐yes☐no / pre-med taken ☐ yes ☐no
Specify______________________________
Hyg________________ Parent______________

Date________________
Changes☐ yes☐no / pre-med taken☐yes ☐no
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Hyg________________ Parent______________

Date________________
Changes☐yes☐no / pre-med taken ☐ yes ☐ no
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Hyg________________ Parent______________

Date________________
Changes☐ yes☐no / pre-med taken☐yes ☐no
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Hyg________________ Parent______________

Date________________
Changes☐yes☐no / pre-med taken ☐yes☐ no
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Hyg________________ Parent______________

Date________________
Changes☐ yes☐no / pre-med taken☐yes ☐no
Specify______________________________
Hyg________________ Parent______________

Date________________
Changes☐yes☐no/ pre-med taken ☐yes☐ no
Specify______________________________
Hyg________________ Parent______________

Date________________
Changes☐ yes☐no / pre-med taken☐yes ☐no
Specify______________________________
Hyg________________ Parent______________
