

WHITE OAK FAMILY DENTISTRY



PATIENT HISTORY RECORD

FIRST NAME _____ MIDDLE _____ LAST NAME _____ NICKNAME _____

AGE _____ DATE OF BIRTH _____ MALE _____ FEMALE _____ HOME PHONE _____

HOME ADDRESS _____ CITY _____ ZIP _____

E-MAIL ADDRESS _____

Whom may we thank
for referring you? _____ CHILD'S SCHOOL _____ GRADE _____

FIRST NAMES OF THE CHILD'S SIBLINGS: _____

DENTAL HISTORY:

Y N Is this your child's first visit to the dentist? If not,
approximate date of child's last visit _____

Y N Is your child's water fluoridated?

Y N Is your child taking any fluoride supplements?

Y N Has your child ever had any jaw pain or tenderness?

Y N Does your child brush their teeth daily?

Y N Does your child floss their teeth daily?

Does your child have any of the following habits?

Y N Finger or thumb sucking / pacifier

Y N Grinding / Bruxism

Y N Nail biting

Y N Mouth breathing

Y N Nursing bottle habits / breast-feeding

ARE THERE ANY OTHER CONCERNS YOU WOULD LIKE TO BRING TO OUR ATTENTION?

MEDICAL HISTORY:

Height _____ Weight _____

Child's Physician _____

Family Dentist _____

Phone # _____ Date of last visit _____

Child's current physical health:

Good _____ Fair _____ Poor _____

Please list all medications your child is currently taking:

MEDICAL HISTORY CONTINUED:

Has your child ever had any of the following medical problems?

Y N Blood Transfusion

Y N Cerebral Palsy

Y N Heart Murmur

Y N Cancer / Tumors

Y N Diabetes

Y N Rheumatic Fever

Y N HIV+/AIDS

Y N Anemia / Blood Disorders

Y N Asthma / Breathing Problems

Y N Hepatitis / Jaundice

Y N Tuberculosis (TB)

Y N Congenital Heart Defect

Y N Seizures / Epilepsy

Y N Abnormal Bleeding

Y N Hearing Impairments

Y N Any Operations

Please explain: _____

Y N Any hospital stays

Please explain: _____

Y N Kidney / Liver problems

Y N Handicaps / Disabilities / Special Needs

Please explain: _____

Y N Allergies to any drugs

Y N Latex Allergy

Y N Food Allergies

Please list all medications your child is allergic to:

Please discuss any medical conditions your child has:

