Name_____Birthdate_____/_____/_____ Male/Female

Dental History

Dentist_____ Last Visit_____ Phone_____

Reason for your visit today_____

	Yes	No
Does the patient need to be pre-medicated for routine dental procedures? _____	☐	☐
Is the patient having dental problems at this time? If so, explain_____	☐	☐
Have there been any injuries to the teeth or head? Details_____	☐	☐
Any unfavorable dental experience? Explain_____	☐	☐
Ever seen an orthodontist? Result_____	☐	☐
Is there any tooth sensitivity to temperature or pressure? _____	☐	☐
Any type of thumb or tongue habit? _____	☐	☐
Mouth breather? _____	☐	☐
Jaws or teeth sore in the morning? _____	☐	☐
Does jaw click or pop? _____	☐	☐
Experience “tension” headaches? _____	☐	☐

Medical History

Physician_____ City_____ Phone_____

	Yes	No
Is the patient under any Medical Treatment now? If so, for what condition?_____	☐	☐
Currently take any medications? List_____	☐	☐
Ever been hospitalized? Reasons & dates_____	☐	☐
Ever had any serious head injury? Details_____	☐	☐
Any allergies?_____	☐	☐

☐ Penicillin ☐ Nickel ☐ Pain Medication ☐ Local Anesthetic ☐ Aspirin ☐ Latex ☐ Other _____

If the patient is a minor, are immunizations up-to-date? ☐ Yes ☐ No ☐ Not Applicable

Does the patient have any of the following conditions?

☐ Heart Problem	☐ Hepatitis	☐ Seizure Disorder	☐ Chicken Pox	☐ Heart Defects at Birth
☐ Diabetes	☐ Ear Infections	☐ Measles	☐ Asthma	☐ Learning Disability
☐ Kidney Disease	☐ Mumps	☐ Pregnancy	☐ Respiratory Disease	☐ AIDS Related Complex
☐ Strep Throat	☐ Tumor/Growths	☐ Jaundice	☐ Hearing Impairment	☐ Tuberculosis
☐ Vision Impairment	☐ Rheumatic Fever	☐ Blood Disease	☐ HIV Positive	☐ Other_____
☐ Heart Murmur	☐ Arthritis/Joint Pain	☐ Prolonged Bleeding	☐ Liver Disease	_____

Are there ANY behavioral or emotional conditions or problems that we should be aware of in order to better serve your child?

☐ ADD/ADHD ☐ PDD ☐ Autism Spectrum Disorder ☐ Anxiety Disorder ☐ Other_____

Is there any other Medical or Dental information that you feel we should know about? (Use Back if Needed)

_____

_____