Child Health History

Child's Name_____**Date**_____

Please check box for "Yes"

☐ **Does your child feel nervous about having dental treatment?**_____

☐ **Has your child ever had a bad experience in any dental office?**_____

☐ **Has your child been hospitalized during the past 2 years?**

☐ **Has your child had a physical exam within the past year?**

☐ **Is your child allergic to (i.e. itching, rash, swelling of hands, feet or eyes) or made sick by penicillin, Aspirin, codeine, or any drug or medication including anesthetics?**
If so, please list: _____
_____

☐ **Has your child ever had any excessive bleeding requiring special treatment?**

☐ **Has your child taken any medicine or drugs during the past year?** _____

List all medications that your child is taking at the present time:_____

_____

☐ **Is this the child's first dental visit?**

If there was a prior visit

- ☐ **Was it satisfactory?**
- ☐ **Was a local anesthetic given?**
- ☐ **Were x-rays taken?**
- ☐ **Were home care instructions given?**
- ☐ **Were regular preventative visits made?**
- ☐ **Was there a history of dental decay?**
- ☐ **Were there any special problems?**

Please add anything you feel is important_____
_____

Circle any of the following which your child **has had** or **has** at the present time**:**

HEART
Artificial heart valve
Congestive heart failure
Congenital heart problems
Heart surgery
Heart murmur (pre medicated?)
Rheumatic fever
High/Low blood pressure

DISEASES
H.I.V. or A.I.D.S
Arthritis
Cerebral palsy
Chicken pox
Kidney disease
Measles
Mumps
Tonsillitis
Sexually transmitted disease

HEAD
Chronic sinus problem
Allergies or hives
Hay fever
Cold sores/fever blisters
Bleeding gums
Mastoid/ear infection
Pain in region of ears
Mouth breathing

LIVER
Liver disease
Hepatitis A ,B ,C
Yellow jaundice

LUNGS
Asthma
Tuberculosis
Emphysema

BLEEDING DISORDERS
Hemophilia
Bruise easily
Sickle cell disease
Anemia
Blood transfusions

HORMONES
Diabetes
Thyroid disease

CANCER
CHEMOTHERAPY
X-RAY TREATMENT

MISC
Nail biting
Tongue thrusting
Fainting or dizzy spells
Thumb sucking