

Patient Name: _____

Today's Date: _____

Patient's Birth Date: _____

Age ____ Nickname _____

Child's physician: _____

Office Phone: _____

Physician's Address: _____

Date of last exam: _____

1. Is your child in good health?..... Yes

No Don't Know

2. Does your child have a health problem? Yes

No Don't Know

If yes, explain: _____

3. Has your child ever been hospitalized, had general anesthesia, or emergency room visits? Yes No Don't Know

4. Are your child's immunizations up to date? Yes No Don't Know

5. Does your child have allergies to medications (drugs), medical products (latex), or the environment (dust, mites, pollen, mold)?..... Yes No Don't Know

6. List past medications taken by your child: _____

7. List daily medications child is now taking: _____

8. Has your child ever had or been treated by a physician for:

Check one for each condition

Yes	No	?		Yes	No	?	
			a. Problems at birth				p. Cancer
			b. Heart murmur				q. Cerebral Palsy
			c. Heart disease				r. Seizures
			d. Rheumatic fever				s. Asthma
			e. Anemia				t. Cleft lip/palate
			f. Sickle Cell anemia				u. Speech or hearing problems
			g. Bleeding/hemophilia				v. Eye problems/contact lenses
			h. Blood transfusion				w. Skin problems
			i. Hepatitis				x. Tonsil/adenoid/sinus problems
			j. AIDS or HIV+				y. Sleep problems
			k. Tuberculosis				z. Emotional/behavior problems
			l. Liver disease				aa. Radiation therapy
			m. Kidney disease				bb. Growth problems
			n. Diabetes				cc. Attention deficit disorders
			o. Arthritis				

9. Has your child had any recent rapid growth? _____ If so, how much? _____

10. Parents: (Father) Ht: _____ Wt: _____ (Mother) Ht: _____ Wt: _____

11. Older brothers and sisters: (1) Ht: _____ Wt: _____ (2) Ht: _____ Wt: _____ (3) Ht: _____ Wt: _____

12. If yes to any above, please explain this or any other problem: _____

13. Child's grade in school: _____ Child's school: _____

14. Do you consider your child to be: Advanced in learning ____ Progressing normally ____ Slow learner ____

15. What is your main concern about your child's dental condition? _____

16. Has your child been to a dentist before?..... No Yes If yes, date of last visit: _____

17. Regular dentist's name: _____

18. Check one for each condition:

Yes	No	?	
			a. Has your child ever had dental x-rays? Date of last x-rays? _____
			b. Will your child be uncooperative? If yes, explain: _____
			c. Has your child experienced any complications following dental treatment? If yes, explain: _____
			d. Has your child had cavities and/or toothaches?
			e. Are your child's teeth sensitive to temperature or food?
			f. Did you or your child ever get instructions in brushing?
			g. Do your child's gums bleed when brushed?
			h. Does your child use fluoride products: rinses, drops, tabs?
			i. Does or has your child had any clicking or pain in the jaw joint?

			j. Does or has your child had any problems opening or closing their mouth?
			k. Has your child inherited any family facial or dental characteristics? If yes, explain: _____
			l. Has your child ever injured his/her teeth?
			m. Has your child ever injured his/her jaws or face?
			n. Does or did your child use a pacifier?
			o. Does or did your child suck his/her fingers or thumb?

19. Mother's Name _____ Maiden Name _____
20. Father's Name _____
21. Residence Address _____
22. City _____ State _____ Zip _____
23. Mailing Address (if different) _____
24. City _____ State _____ Zip _____
25. E-Mail Address _____
26. Telephone: Residence _____ Other _____
27. Father Work # _____ Mother Work # _____
28. Father Employed by _____
29. Present position _____ How long held? _____
30. Mother Employed by _____
31. Present position _____ How long held? _____
32. Person responsible for account _____
33. Name of Father's Dental Insurance _____
34. ID/Policy# _____ Group# _____
35. Name of Mother's Dental Insurance _____
36. ID/Policy# _____ Group# _____
37. Other Insurance Name _____ Policy Holders Name _____
38. ID/Policy# _____ Group# _____
39. Father's Social Security Number _____ Birthdate _____
40. Mother's Social Security Number _____ Birthdate _____
41. Does your child have any other dental problems we should know about? _____ Please explain: _____
42. Whom may we thank for referring you to our office? _____
43. By signing this form I understand that, where appropriate, credit information may be obtained.
44. Person completing this form: Signature _____
Relationship to patient: _____

ANNOTATION ON SELECTED QUESTIONS

2. This helps establish patient's social-emotional status.
3. This helps establish a history of trauma
4. In the instance of oral-facial trauma the DPT status is critical. Soft tissue injury is increased with appliances in place.
5. This helps identify allergies to all types of allergens. One must also consider latex used in dental treatment gloves and elastics. This sensitivity is increasing rapidly in population.
- 8b,c,d,f: These patients need antibiotic coverage during banding and debanding procedures.
- 8g,h,i,j,k : With modern infection control procedures, these patients can be treated, but the treatment may need to be modified.
- 8o. This may relate to mandibular growth and development.
- 8p. This will help determine treatments using radiation or chemotherapy that can alter dental development, jaw growth, or somatic growth, depending on the site of the lesion and the treatment.
- 8x. This can help with evaluation of respiratory problems and tooth sensitivity.
- 8aa. Radiation therapy to the jaws can greatly alter local dental and skeletal development. The risk of osteoradioecrosis is also a risk in these patients depending on the radiation dosage and the type of treatment under consideration.
- 8bb. Some children with growth problems may be treated with growth hormones, which can have implications for growth modification treatment timing. In some cancer patients, growth hormones can be apart of the post –radiation regime. This, too, can affect treatment timing.
- 8cc. Attention Deficit Disorders can be treated with numerous drugs. The affect on growth of some of these medications is unclear.
- 9-11. These questions help establish growth status and timing.
15. The chief complaint is critical to determine why the patient is seeking care. This must be considered carefully in the planning of the treatment.
- 18a. Reduction in unnecessary radiation is critical to the highest quality care. Many practitioners will request films as part of the examination procedures. Patients seeking second opinions often have already had some records obtained.
- 18g. Orthodontic treatment in the face of periodontal disease, either acute or chronic, is contraindicated until the disease stage is either controlled or reversed.
- 18i. A previous history of TMJ problems or treatment merits pretreatment investigation.
- 18j. Limitations with opening or closing ca indicate TM problems.
- 18k. Familial tendency is indicated in some skeletal patterns, and missing teeth have a documented genetic component.
- 18l. Dental trauma may have implications during tooth movement due to the increased possibility of root resorption.
- 18n,o. Habits may explain some aspects of the malocclusion.
- 19-40. Information that is needed for contacting patient/responsible parties, process insurance forms, and check credit history (if necessary).
44. This helps establish the authenticity of the historian.