MEDICAL HISTORY FOR _____

Child's physician_____ Phone_____

Is your child currently under a physician's care? _____ If yes, describe_____

Has your child had any serious illnesses or been hospitalized? _____ Describe_____

_____

Has your child ever had hearing, speech, or learning problems? _____

Is your child adopted?_____ If yes, are either of you a biological parent?_____

Check yes if your child has had any of the following:

□ ADHD	□ Cancer	□ Hepatitis (type _____)	□ Rheumatic/Scarlet Fever
□ Anemia	□ Diabetes	□ HIV positive/AIDS	□ Thyroid Disease
□ Asthma	□ Epilepsy/Convulsions	□ Kidney Disease	□ Tuberculosis
□ Autism (type_____)	□ Heart Problems _____	□ Liver Disease	□ Other _____
□ Blood Disease	□Hemophilia/Abnormal Bleeding	□ Respiratory Disease (lungs)	_____

Are your child's immunizations current? Yes No

List allergies, if any: _____

List daily medications (name only) your child is taking, if any:_____

_____

Does your child have any physical or mental disabilities? _____ Explain _____

_____

CONSENT

As this child is a minor, it is necessary that signed permission be obtained from a parent or guardian before any dental care can begin. I acknowledge that the above information is correct and grant this office permission to provide my child's dental and related medical/surgical treatment as deemed necessary, utilizing proper and acceptable methods used in the specialty of pediatric dentistry to complete same treatment, including diagnostic radiographs. If my child ever has a change in his/her health or his/her medications change, I will inform the doctor at the next appointment. I understand that credit history may be reviewed. I will be responsible for the cost of this dental care. **At no time will care be rendered to a child without informing parent or guardian of such care along with a written estimate of their financial obligation.** For specific procedures, further information will always be provided.

Signed_____ Date_____

MEDICAL HISTORY REVIEW

Signed_____	Date_____	Staff_____
Signed_____	Date_____	Staff_____
Signed_____	Date_____	Staff_____
Signed_____	Date_____	Staff_____
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