madison pediatric dentistry

medical history

patient's name _____
physician's name _____ date of last physical exam _____
general dentist's name _____ date of last dental exam/cleaning _____

current medical conditions _____
list of allergies (latex, etc.) _____

has your child complained about dental problems?	Y	N	date of last visit to a dentist:
does your child brush his/her teeth daily?	Y	N	_____
any unhappy dental experiences?	Y	N	date of last cleaning/fluoride:
if fluoride taken in any form?	Y	N	_____
any injuries to mouth, teeth, head?	Y	N	date of last x-rays:
does child floss every day?	Y	N	_____

any mouth habits? (circle) thumb sucking nail biting mouth breathing pacifier sleeping with bottle

does your child have congenital heart disease?	Y	N	is SBE prophylaxis required? _____
is child receiving any medications or drugs?	Y	N	list of medications _____
has child ever been hospitalized?	Y	N	if so, why? _____
has child ever had surgery?	Y	N	list surgeries _____
is there excessive bleeding when cut?	Y	N	handicaps/disabilities? _____

now or in the past, has the patient had:

Y __ N __ adenoids or tonsils removed
Y __ N __ arteriosclerosis
Y __ N __ autoimmune disorders
Y __ N __ bone disorder
Y __ N __ bleeding or bruising easily
Y __ N __ high or low blood pressure – please circle
Y __ N __ cancer, tumor, chemotherapy or radiation
Y __ N __ depression/mental health disturbance
Y __ N __ diabetes
Y __ N __ epilepsy or other seizure disorder
Y __ N __ fibromyalgia
Y __ N __ general anesthesia
Y __ N __ heart problems
Y __ N __ frequent coughs, colds or sore throats
Y __ N __ hemophilia
Y __ N __ hepatitis, AIDS or HIV positive
Y __ N __ insomnia
Y __ N __ jaw joint surgery
Y __ N __ kidney or liver problems
Y __ N __ multiple sclerosis
Y __ N __ muscular dystrophy
Y __ N __ osteoporosis
Y __ N __ parkinson's disease
Y __ N __ psychiatric care
Y __ N __ rheumatic fever
Y __ N __ rheumatoid arthritis
Y __ N __ scarlet fever
Y __ N __ skin disorder
Y __ N __ speech difficulties
Y __ N __ smoke or chew tobacco
Y __ N __ stroke or heart attack
Y __ N __ tuberculosis
Y __ N __ birth defects or hereditary problems
Y __ N __ endocrine or thyroid problems
Y __ N __ stomach ulcer or hyperacidity
Y __ N __ polio, mononucleosis or pneumonia
Y __ N __ vision problems
Y __ N __ loss of weight recently, poor appetite
Y __ N __ eating disorder (anorexia or bulimia)
Y __ N __ chest pain, shortness of breath or swelling ankles
Y __ N __ frequent or severe headaches
Y __ N __ other conditions_____

emergency contact_____relationship _____ phone #_____

parent/guardian signature _____ date _____

doctor's signature _____ date _____

madison pediatric dentistry
635 east maryland avenue, phoenix, AZ 85012
602.313.8707 www.MadisonPedo.com