

CHILD HEALTH HISTORY

(Patients under 18 years of age)

Snyder Dentistry

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CHILD'S NAME: _____ BIRTH DATE: _____

MEDICAL HISTORY:

Has your child had any of the following medical conditions: *Please circle (Y) Yes or (N) No*

Allergies to medications or food	Y	N	Hepatitis	Y	N
Asthma or lung problems	Y	N	High Fevers	Y	N
Attention Deficit Disorder	Y	N	HIV+/AIDS	Y	N
Cancer	Y	N	Hospital Stays/Operations	Y	N
Convulsions or Epilepsy	Y	N	Sickle Cell Disease	Y	N
Diabetes	Y	N	Thyroid Disease	Y	N
Fainting Spells/Dizziness	Y	N	Tuberculosis (TB)	Y	N
Handicaps or Disabilities	Y	N	Other conditions/illnesses not listed above:		
Heart Defect (congenital)	Y	N	_____		
Hemophilia or Abnormal Bleeding	Y	N			

If you answered yes to any of the above, please explain: _____

Is your child currently taking any medications? Yes No If yes, please list: _____

Have you been told by a previous dentist or physician that your child requires antibiotics prior to dental treatment? Yes No

DENTAL HISTORY:

Name of Previous Dentist _____ Date of Last Visit _____

Has your child had any unfavorable experiences in a dental or medical office? Yes No

If yes, please explain: _____

Does your child have any dental problems/concerns presently? Yes No

If yes, please explain: _____

Has your child been to an orthodontist? Yes No If yes, name of orthodontist _____

HABITS/DIET:

I. Does your child have any of the following habits (or had in the past):

Thumb or finger sucking? Yes No Tooth grinding? Yes No

II. Does your child consume any of the following foods/beverages more than once per day?

Pop/Soda? Yes No Gatorade/Sports Drink? Yes No Fruit Juices? Yes No

Energy Drinks (i.e. Red Bull)? Yes No Sugary Snacks (candy, cookies, etc.) Yes No

III. Does your child smoke cigarettes or use chewing tobacco? Yes No

I certify that I have read and understood the information on this form. The questions have been accurately answered to the best of my knowledge. I understand that providing incorrect or incomplete information can be dangerous to my child's health. It is my responsibility to inform the dentist and staff of any changes to my child's health or medical status.

PARENT/GUARDIAN SIGNATURE

DATE