



The Art of Modern Dentistry

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CHILD HEALTH HISTORY

Child's Name: _____ Birthdate: _____

Address: _____ Phone: _____

Child's Physician: _____ Phone: _____

Date of Last Physical Examination: _____

Yes No Is the child under the care of a physician now? If yes, please explain: _____

Yes No Does the child have good physical coordination? _____

Yes No Is the child receiving any medications or drugs? _____

Yes No Is there excessive bleeding when cut? _____

Yes No Has the child ever been hospitalized? If yes, please explain: _____

Yes No Has the child ever had surgery? If yes, why and when? _____

Yes No Is there any allergy to penicillin or other medications? If yes, please explain: _____

Yes No Any other allergies? If yes, please explain: _____

Yes No Does the child have any emotional issues? If yes, please explain: _____

Any other conditions not listed? _____

HAS THE CHILD HAD ANY HISTORY OF OR DIFFICULTY WITH ANY OF THE FOLLOWING:

Anemia Cerebral Palsy Diabetes Kidney Mononucleosis
 Asthma Chicken Pox Epilepsy Liver Mumps
 Autism Chronic Sinus Fainting Lung Disease Rheumatic Fever
 Seizures Hearing Thyroid Heart Malignancies
 Measles Other; Please list: _____

If necessary, may we request release of your child's medical records for our reference? Yes No

CONSENT:

The undersigned hereby authorizes Doctor, after consulting with parent or guardian, to take x-rays, study models, photos, or any other diagnostic aids deemed appropriate by Doctor, to make a thorough diagnosis of the patient's dental needs. I also authorize Doctor to perform any and all forms of treatment, medication and therapy that may be indicated.

I further consent and authorize that Doctor choose and employ such assistance as he deems fit. I also understand the use of anesthetic agents embodies a certain risk. I understand that responsibility for payment of dental services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered unless financial arrangements have been made.

Dr. signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____