Welcome to Philp Family Dentistry Waconia

Child Health/Dental History Form

Child's Full Name	Nickname	Date of Birth
Parent/Guardian Name	Relationship to Patient	
Address		
Phone #	Email Address	

Has the child had any history of, or conditions related to, any of the following:

☐ Anemia	☐ Chronic Sinusitis	☐ HIV+/AIDS	☐ Seizures
☐ Arthritis	☐ Diabetes	☐ Immunizations	☐ Sickle Cell
☐ Asthma	☐ Ear Aches	☐ Kidney	☐ Thyroid
☐ Bladder	☐ Epilepsy	☐ Latex Allergy	☐ Tobacco/Drug Use
☐ Bleeding Disorders	☐ Fainting	☐ Liver	☐ Tuberculosis
☐ Bone/Joints	☐ Growth Problems	☐ Measles/Mumps	☐ Venereal Disease
☐ Cancer	☐ Hearing	☐ Mononucleosis	☐ Inherited Problems
☐ Cerebral Palsy	☐ Heart	☐ Pregnancy (teens)	Other:
☐ Chicken Pox	☐ Hepatitis	☐ Rheumatic Fever	

Please describe any responses checked above or any other past/current illnesses including any hospitalizations:

Name of Child's Physician Clinic Name Phone #

Does the child have ALLERGIES to any medications or anything else, such as certain foods? Please list:

Does the child currently take any prescription or over-the-counter medications, supplements or vitamins? Please list:

Child's History

1. Has the child ever received general anesthetic?.....Y N
2. Is the child physically, mentally, or emotionally impaired?..... Y N
3. Does the child have any speech difficulties?.....Y N
4. Does your child snore?..... Y N
5. Has the child had any problem with dental treatment in the past? ..... Y N
6. Has the child ever had dental radiographs (x-rays) exposed? ..... Y N
7. Has the child ever suffered any injuries to the mouth, head or teeth? ..... Y N
8. Has the child had any problems with the eruption or shedding of teeth? ..... Y N
9. Has the child had any orthodontic treatment? ..... Y N
10. What type of water does your child drink? Please circle: City Well Filtered Bottled
11. Is fluoride toothpaste used? ..... Y N
12. Does the child suck on a pacifier, thumb, finger or blanket? ..... Y N
13. At what age did the child stop bottle feeding? _____ Breast feeding? _____
14. Does the child participate in active recreational activities? ..... Y N

Interests: _____

Siblings: _____ Pets: _____

Parent/Guardian Signature Today's Date

Reviewed by: _____