



FAMILY DENTAL OF SOUTH EAST WISCONSIN

PEDIATRIC DENTAL AND MEDICAL HISTORY QUESTINARE

Patients Name: _____ Date of Birth ____/____/_____

Parents Name: _____

Phone Number: (Home)_____ (Work)_____ (Cell)_____

Address: _____ City: _____ Zip code: _____

Physician's Name: _____

Address: _____

Whom may we thank for referring you to our office? _____

When was the last time your child has been seen by a dentist? _____

How often does your child brush? _____ times a day.

Do you live in an area without fluoridated water? Yes____ No____ Unsure _____

Have the teeth been treated by fluoride? Yes____ No____ Unsure _____

Has your child ever had occlusal sealants? Yes____ No____ Unsure _____

Has your child ever had any unfavorable dental experiences? Yes____ No____ Unsure _____

Any injuries to teeth such as fall, blows, chips? Yes____ No____ Unsure _____

If so, describe _____

Has your child ever received local anesthetic (Novocain) Yes____ No____ Unsure _____

Has your child ever received local analgesic (Nitrous Oxide) Yes____ No____ Unsure _____

Any objections to anesthetic/analgesic? Yes____ No____ Unsure _____

Is your child under medical care now? Yes____ No____ For what? _____

Is your child allergic to any medications? Yes____ No____ What? _____

Is your child allergic to any food? Yes____ No____ What? _____

Does your child need to be premedicated with antibiotics before dental procedures for any reasons?
 Yes_____ No_____ Unsure _____ If so, what for?

Is your child taking any medicine? Yes__ No__ For What? _____
 What medicines? _____

Has your child ever had, or has now, any of the following? (Please indicate which ones)

	Yes	No
Rheumatic Fever		
Diabetes		
Heart Murmur		
Prolonged Bleeding		
Blood Disease or Anemia		
Hepatitis/ Liver Disease		
Kidney Disease/ Jaundice		
Aids/HIV Virus/ ARC		
Epilepsy/Seizures		
Heart Trouble		
Fainting		
Tumors/Growths		
Cancer		
Blood Transfusion		
Sinus Trouble/ Asthma		
ADHD/Cogitative Disabilities/Mental Illness		

Parents Signature: _____

Date: _____