Dental History

What is your main reason for bringing your child to this office_____

Are you seeking complete dental health care for your child_____

Is this your child's first visit to a dentist_____If not when was the last_____Why_____

When were the last set of full mouth x-rays taken_____By whom_____

Has your child had topical fluoride treatment_____When_____

Home care instructions_____How well was treatment accepted_____

Please give any details that you feel will help us in caring for your child_____

How would you describe your child's temperment_____

Does your child have a history of

_____Thumb sucking _____Nail/object biting _____Tongue thrusting

_____Mouth breathing _____Bed wetting _____Speech problems

Has any member of your family had any unusual dental problems_____

Has there ever been any injury to any of the teeth or the mouth_____

Has your child ever had any unfavorable reaction to local or general anesthesia_____

How often does your child brush his/her teeth_____

After every meal_____Before bedtime_____Supervised_____

Name of vitamin taken at present time_____

Age of child when off the bottle/nursing_____What age was pacifier/habit discontinued_____

Does your child wear or has he/she ever worn orthodontic appliance_____

First tooth erupted_____Any concerns about teeth_____

Name of school_____Grade_____Interests, hobbies, talents_____

Please list any questions you would like to have answered_____

Thank you for completing this personal history

Consent Form

Because_____is a minor, it becomes necessary that signed permission is obtained from a parent or legal guardian before any and/or all necessary dental services and methods can be rendered/I being the father, mother or guardian of the above named child give my consent to the performance of such treatments, services, medications, operations, behavior management techniques, local anesthesia and/or analgesia necessary to treat any dental/oral deficiency, abnormality and/or infection.

Signed_____Date_____

May we request the release of your child's medical records for our reference_____