

Medina Pediatric Dentistry Patient Medical History Form

Patient Name: _____ Date of Birth: _____

Although dental personnel treat the mouth of patients, your mouth is a part of your body that needs care as well. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

Are you under a physician's care now? ____ Yes ____ No if yes, explain _____

Have you ever been hospitalized or had major operations? ____ Yes ____ No If yes, explain _____

Are you on any medications, pills, or drugs? ____ Yes ____ No If yes, explain _____

Dental History:

Yes ____ No ____ Do you assist with brushing or flossing?

Yes ____ No ____ Has your child ever had an injury involving the teeth?

Yes ____ No ____ Pacifier/ Thumb or Finger sucking?

Yes ____ No ____ Grinding teeth?

Please check Yes or No if your child has any of the following:

ADHD: Yes ____ No ____ AIDS/HIV: Yes ____ No ____ Kidney Problems: Yes ____ No ____

Anaphylaxis: Yes ____ No ____ Depression: Yes ____ No ____ Leukemia: Yes ____ No ____

Anemia: Yes ____ No ____ Diabetes: Yes ____ No ____ Liver Disease: Yes ____ No ____

Angina: Yes ____ No ____ Emphysema: Yes ____ No ____ Pain in Jaw Joints: Yes ____ No ____

Asperger's Syndrome: Yes ____ No ____ Epilepsy/ Seizures: Yes ____ No ____ Psychiatric Disease: Yes ____ No ____

Asthma: Yes ____ No ____ Excessive Bleeding: Yes ____ No ____ Scarlet Fever: Yes ____ No ____

Autism: Yes ____ No ____ Fainting/Dizziness: Yes ____ No ____ Sinus Troubles: Yes ____ No ____

Behavior Issues: Yes ____ No ____ Headaches: Yes ____ No ____ Stomach/Intestinal Disease: Yes ____ No ____

Blood Disease: Yes ____ No ____ Herpes: Yes ____ No ____ Tonsillitis: Yes ____ No ____

Breathing Issues: Yes ____ No ____ Heart Issues: Yes ____ No ____ Ulcers: Yes ____ No ____

Cancer: Yes ____ No ____ Heart Attack/Failure: Yes ____ No ____ Cold Sores/Fever Blisters: Yes ____ No ____

Heart Murmur: Yes ____ No ____ Congenital Heart Disorder: Yes ____ No ____ Hepatitis A, B or C: Yes ____ No ____

Convulsions: Yes ____ No ____ Drug allergies: Yes ____ No ____ if yes, explain _____

Any disease or condition not listed above that we should know about? Yes ____ No ____ If yes please explain: _____

To the best of my knowledge, the questions above have been accurately answered. It is my responsibility to inform Medina Pediatric Dentistry if there are any medical changes.

Signature of Parent or Guardian _____ Date: _____

Signature of Provider _____ Date: _____