TODAY'S DATE_____

PATIENT'S NAME_____ DATE OF BIRTH_____

PERSON WITH PATIENT TODAY_____ RELATIONSHIP TO CHILD_____

PHONE#_____ CELL#_____

EMAIL ADDRESS_____

ANY CHANGE IN ADDRESS Y N IF YES,_____

ANY CHANGE IN INSURANCE Y N IF YES,_____

DO YOU HAVE ANY CONCERNS FOR THE DOCTOR TODAY?_____

I give consent for the following people to bring my child to their dental appointments and the office has my consent to release any medical information to the following person(s)._____

Has the child ever had any of the following medical problems?

- ☐ Abnormal Bleeding/Hemophilia
- ☐ Allergies
- ☐ Anemia
- ☐ Anaphalaxis
- ☐ Any Hosptial Stays/Operations
- ☐ Artificial Heart Valve/Joint
- ☐ Arthritis
- ☐ Asthma
- ☐ Autism
- ☐ Blood Transfusion
- ☐ Cancer
- ☐ Cerebral palsy
- ☐ Chemotherapy/Radiation
- ☐ Chicken pox
- ☐ Cleft lip/Palate
- ☐ Convulsions/Epilepsy/Seizures
- ☐ Cystic Fibrosis
- ☐ Diabetes
- ☐ Diphtheria
- ☐ Down Syndrome
- ☐ Emotion, Mental, Nervous Disorder
- ☐ Frequent Nose Bleeds
- ☐ Handicaps/Disabilities
- ☐ Hearing Impairment
- ☐ Heart Disease
- ☐ Heart Murmur
- ☐ Heart Surgery
- ☐ Hepatitis
- ☐ Herpes/Cold Sores
- ☐ High Blood Pressure
- ☐ HIV/AIDS
- ☐ Intellectual Disability
- ☐ Kidney/Liver Problems
- ☐ Leukemia
- ☐ Measles
- ☐ Pacemaker
- ☐ Pneumonia
- ☐ Pregnancy
- ☐ Premature Birth
- ☐ Renal Dialysis
- ☐ Rheumatic/Scarlet Fever
- ☐ Sickle Cell Disease
- ☐ Speech Difficulties
- ☐ Thyroid Disease
- ☐ Tuberculosis (TB)
- ☐ Vision Problems
- ☐ Any Syndromes

If any of the above are checked, please give a brief explanation:

_____

_____

Child's Physician: _____

Phone #: _____

Date of last visit to physician: _____

Is the child currently under the care of a physician? ☐ Yes ☐ No

Please describe the child's current health: ☐ Good ☐ Fair ☐ Poor

Please list all drugs that the child is currently taking:

_____

_____

Does your child have any drug allergies? ☐ Yes ☐ No

If yes, please list _____

Is your child allergic to latex? (Balloons, Bandaids, Bananas) ☐ Yes ☐ No

Please list any previous hospitalizations/surgeries/serious illnesses:

_____

_____

_____

SIGNATURE_____

Pediatric Dentistry of Chattanooga