Child's Medical History

Smile after beautiful smile since 1969.



Namo						Racine	Dent	alGroup		
Date of Birth:										
Account #:			Gender:							
The following questions a	re t	o help the D	Doctors understand your child's hea	lth I	better and to he	lp us provide the be	st tre	atment po	ossi	ible, Thank You.
Who is your child's pediat	rici	an?			_ Phone #					
Has your child ever been h	nosp	oitalized? Y	es 🔿 No 🔿 If yes, When	anc	d why?					
Is your child allergic	to	any of th	e following? Please Circle	the	appropriate	answer.				
Penicillin/Augmentin	Y		Sulfa Drugs Y N			Clindamycin	Y	N		
Erythromycin	Y	Ν	Tetracycline Y N			Cephalosporins	Y	Ν		
Dental Anesthetic	Y	Ν	Aspirin/Ibuprofen Y N			Latex	Y	Ν		
List any drug or food aller	gies	5:								
Is your child currently tak	king	any medica	ations? If so, please list:							
-	-		llowing? Please circle the		-		. .		.,	
	Y Y	N N	Down's Syndrome Epilepsy/Seizures	Y Y	N N	Learning Liver dise		bilities	Y Y	N N
Blood/bleeding disorders			Fainting spells	Y				roblems		N
Cancer	Y	N	Hearing loss/ impairment			Sickle Ce			Y	N
Cerebral Palsy	Ŷ		Heart condition/murmur			Skin diso			Ŷ	N
Chronic Ear Infection	Ŷ		Hepatitis	Ŷ		Snoring			Ŷ	N
Cognitive Delay	Y		HIV	Y			senso	ory issues		Ν
	Y	N	Hyperactivity/ADHD	Y	N	Tubercu	losis	•	Y	Ν
Developmental delay	Y	Ν	Joint Disease	Y	Ν	Tumors		,	Y	Ν
Diabetes	Y	Ν	Kidney Disease	Y	Ν	Transpla	nts		Y	Ν
Please explain all yes ansv	ver.	s and/or oth	her medical issues not listed above:							
Has your child had proble	ms	when havin	g previous dental work? Y N		lf yes, pleas	e explain:				
Diet/Snack habits or conc	ern	5:								
is performed by our pedia	tric rop	dentist. Th riate theret	s necessary that signed permission e signature below of the parent or o. This consent shall remain in full this child for dental care.	gua	ardian authorize	s the completion of	all ag	greed upon	n de	ental treatment and the
Signed:			Date: (Verbally reviewed		Signed (Dr/I	Hyg)				Date
			(Verbally reviewed	d the	e medical/dental i	nformation above with				
Updated:		Si	ig: (Patient)			Sig: (Dr/H	lyg)			
Updated:		Si	ig: (Patient)			Sig: (Dr/H	lyg)			