

## HEALTH HISTORY FORM

### CONTACT INFORMATION

Patient's name: \_\_\_\_\_  
(first) (last)

Birthdate: \_\_\_\_\_ Boy Girl (please circle)

Patient's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Is / Has Child:**                      YES NO    If yes:

Any illness now?                           Type \_\_\_\_\_

Receiving any medications or drugs?      List \_\_\_\_\_

Ever been hospitalized?                   Date \_\_\_\_\_

Ever had surgery?                           Date \_\_\_\_\_

Allergic to any medications?             List \_\_\_\_\_

Allergic to latex products?               List \_\_\_\_\_

Are there any other allergies?            List \_\_\_\_\_

**Has/Had any history of:**

	(please circle)				
Anemia	Y N	Hearing Problem	Y N	Pregnancy	Y N
Asthma	Y N	Heart Problem	Y N	Rheumatic Fever	Y N
Autism	Y N	Heart Murmur	Y N	Sleep Apnea	Y N
Bleeding Disorder	Y N	Hepatitis	Y N	Tuberculosis	Y N
Diabetes	Y N	HIV / AIDS	Y N	Tumors / Cancer	Y N
Emotional Problem	Y N	Kidney Disease	Y N	Special Needs/Other:	_____
Epilepsy / Convulsions	Y N	Liver Disease	Y N		_____
Fainting or Dizziness	Y N	Mental Disorder	Y N		_____

### DENTAL HISTORY

Reason for this appointment \_\_\_\_\_

How do you feel about the condition of your child's mouth and teeth? \_\_\_\_\_

Date of last dental visit \_\_\_\_\_

For what service? \_\_\_\_\_

Name of former dentist \_\_\_\_\_

**Has Child:**                              YES NO    If yes:

Complained about dental problems?      Type \_\_\_\_\_

Had any unhappy dental experiences?      List \_\_\_\_\_

Had any injuries to mouth, teeth or head?      Date \_\_\_\_\_

Had any mouth habits such as thumbsucking  
 nail-biting, mouth breathing, pacifier, etc.?      Date \_\_\_\_\_

Had adverse reactions to anesthetics?      List \_\_\_\_\_

Had fluoride in any form?                   List \_\_\_\_\_

Child's attitude toward dentistry \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By Dr. \_\_\_\_\_ on \_\_\_\_\_

