

Yes No

- Tuberculosis
- Learning Disability
- Autism Spectrum Disorder
- Special Needs:

Type: _____

Yes No

- Attention Deficit Disorder/Behavior Problems
- Eating Disorder/Problems Feeding
- Psychological/Emotional Problems
- Any Type of Abuse
- Pregnant

Does your child have any disease, condition, or problem not listed above that you think we should be aware of?

Dental Information

	Yes	No
Was your child bottle fed?	<input type="radio"/>	<input type="radio"/>
If yes, until what age? _____		

Was your child breast fed?	<input type="radio"/>	<input type="radio"/>
If yes, until what age? _____		

Has your child ever had any injuries to his/her teeth, mouth, head, or jaws?	<input type="radio"/>	<input type="radio"/>
If yes, describe: _____		

Does your child brush daily? Morning? _____ Evening? _____	<input type="radio"/>	<input type="radio"/>
--	-----------------------	-----------------------

Does an adult assist with the brushing?	<input type="radio"/>	<input type="radio"/>
Flossing?	<input type="radio"/>	<input type="radio"/>

Does your child have any of the following mouth habits?

- Finger Sucking Pacifier Use Tongue Thrusting Lip Sucking Mouth Breathing
- Teeth Grinding Other _____

Does your child receive fluoride in any of the following forms?

- In Vitamins In Water Supply In Toothpaste In Rinse/Gel In Tablets/Drop Dosage: ____Mg/day

Please check any of the following that may describe your child:

- Outgoing Cooperative High Strung Shy Anxious Moody Stubborn
- Trusting Friendly Defiant

How do you expect your child to react to his/her visit today? Excellent Good Fair Poor Not sure

How may we help you to make this a positive experience for your child?

I understand that the information that I have given is correct to the best of my knowledge, that it will be held in the strictest of confidence and it is my responsibility to inform this office of any changes in my child's medical status. I authorize the dental staff to perform necessary dental services my child may need.

Signature of parent or guardian

Relationship

Date