



51299 Romeo Plank
Macomb, MI. 48042
www.MacombChildrensDentistry.com

Child's Name: _____ Date of birth: _____

Name of child's pediatrician: _____ Phone number of pediatrician _____

MEDICAL HISTORY (any Y answers - please explain)

Is your child under medical treatment at this time? Y N _____

Has your child ever had a major operation? Y N _____

Has your child ever had an adverse reaction to medication? Y N _____

Does your child have an allergy to any medication? Y N _____

Is your child currently taking any medication(s)? Y N _____

Has your child been diagnosed with any of the following?

| | | | |
|-----------------------------|---|---|-------|
| Heart Murmur | Y | N | _____ |
| Respiratory Disease/ Asthma | Y | N | _____ |
| Mental or Learning Delay | Y | N | _____ |
| Heart Ailment | Y | N | _____ |
| Blood Disease or Anemia | Y | N | _____ |
| Kidney or Liver Disease | Y | N | _____ |

Are there any other Medical concerns that the dentist should be aware of?

Explain: _____

DENTAL HISTORY (any Y answers - please explain)

Does your child have any dental complaints at this time? Y N _____

Has your child had any previous dental trauma? Y N _____

Is there anything about your child's teeth you are not happy with? Y N _____

Are there any other dental concerns that the dentist should be aware of?

Explain: _____

Parent or Guardian Signature: _____ Date: _____