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CHILD MEDICAL HISTORY

Today's Date: _____

Child's Name: _____

Child's Birthdate ____/____/____

Dental Health Questions:

Reason for today's visit? _____

Your child's current dental health: Good ___ Fair ___ Poor ___ Is your child's water fluoridated? Y___ N___

Did your child experienced problems with previous dental work? Y___N___

Do you like his smile? Y___N___ If not, why? _____

Child's current health is? Good ___ Fair ___ Poor ___

Child's Physician: _____ Medical Insurance Policy Name: _____

Medical Health Id # _____

Is your child currently under the care of a physician for a health condition? Yes ___ No ___

If yes, for what condition? _____

List all medications that your child might have an allergic reaction to: _____

List all medications your child is taking: _____

Please discuss any serious medical problems the child has experienced: _____

Anything you would like to discuss with the Doctor in private? _____

Has your child experienced any of the following diseases or medical problems (circle Yes or No)

- | | | |
|-----------------------------|-----------------------------|------------------------|
| Y N Abnormal Bleeding | Y N Convulsions or seizures | Y N Kidney Problems |
| Y N AIDS/HIV | Y N Diabetes | Y N Liver Problems |
| Y N Anemia | Y N Handicap/Disabilities | Y N Low Blood Pressure |
| Y N Any Hospital Stays | Y N Hemophilia | Y N Rheumatic Fever |
| Y N Asthma | Y N Hepatitis | Y N Scarlet Fever |
| Y N Cancer | Y N High Blood Pressure | Y N Tuberculosis (TB) |
| Y N Congenital Heart Defect | Y N Hives/rash | |

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

Signature or parent or legal guardian: _____ Date: _____

***Office Notes: _____

