

Medical History

Medical Conditions

Acid reflux

ADHD

Anemia

Anxiety

Arthritis/Rheumatism

Artificial Joints

Asthma

Atrial Fib

Autism

Blood Issues

Blood Thinners

Breastfeeding

Cancer

Chemotherapy treatment

Codeine Allergy

Cold Sores/Blisters

Developmentally delayed

Diabetes

Dialysis

Eating disorder

Eczema

Embolism

Epilepsy or Seizures

Excessive Bleeding

Fainting/Dizziness

Glaucoma

Hay Fever/Allergies

Head Injuries

Hearing Loss

Heart attack

Heart Disease

Heart Murmur

Heart stents

Heart transplant

Heart Valve Replacement

Hemophilia

Hepatitis

Herpes

High Blood Pressure

HIV/AIDS

Hyperthyroid

Hypothyroid

Kidney Disease

Leukemia

Liver Disease/Jaundi

Low Blood Pressure

Lupus

Meningitis

Mental Disorders

Migraines

Mitral Valve Prolapse

Multiple Sclerosis

Muscular Dystrophy

Nervous Disorders

NO MEDICAL CONDITIONS

Organ transplant

Other

Pneumonia

Pregnancy

Radiation treatment

Respiratory Problems

Rheumatic Fever

Seasonal allergies

Sinus Problems

Sleep Apnea

Stroke

TMJ/TMD

Tobacco Use

Tuberculosis

Tumors

Ulcers

Venereal Disease

I checked all that apply

Does your child have any other health medical conditions not listed above?

Yes

No

Allergies

additives

Antibiotic

Dental Anesthetics

Flavorings

Latex

Metals

Pain medicine

Red dye

Steroids

Tree Nut

Does your child have any other allergies not listed above?

Yes

No

Please list all medications currently taking (write n/a if none taken)

Has your child has been hospitalized ?

Yes

No

Has your child had any surgeries? (please list type and year)

Is there any other information about your child's health we should know?

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

Patient's Signature

create

Draw signature here

Relationship to the patient

Please select...