Patient Name:________________________DOB:__________Date:__________________
Has your child had any medical changes since their last visit **Y/N**?
If yes, please explain:____
Do you have dental concerns for your child?____
Address change?____

Please fill out if insurance has changed:
Dental Insurance:________________Subscriber:____________________Dob:______________
Id#___________________________ Group#___________Employer:______________________

Medical History Update

	Yes	No		Yes	No
Anemia	☐	☐	Autism Spectrum Disorder	☐	☐
Heart Condition or Murmur	☐	☐	Developmental Delay	☐	☐
Rheumatic or Scarlet Fever	☐	☐	Sensory Integration Disorder	☐	☐
Hearing Impairment	☐	☐	Cancer, Leukemia, Lymphoma	☐	☐
Thyroid Disorder	☐	☐	Hepatitis or Jaundice; HIV (AIDS)	☐	☐
Currently Pregnant (X-ray release)	☐	☐	Seizures, Epilepsy or Convulsions	☐	☐
Asthma or Lung Issues (see below)	☐	☐	Diabetes: Type I or Type II	☐	☐
Ear Infections/ Otis Media	☐	☐	Emotional, Behavioral Problems	☐	☐
Bleeding Disorder	☐	☐	ADD, ADHD or Hyperactivity	☐	☐
Cleft Lip/ Palate	☐	☐	Congenital Birth Defects	☐	☐
Learning Disability	☐	☐	Physical Handicaps or Disabilities	☐	☐
Seasonal Allergies	☐	☐	Kidney/ Liver Disease or Transplant	☐	☐
Latex Allergy or Sensitivity	☐	☐	Stomach/ GI/ Reflux	☐	☐
Food Allergies	☐	☐	Tuberculosis	☐	☐

Has your child ever been hospitalized?
Reason? ________________________________
Has your child had any surgeries?
Type?__________________________________
Is your child currently taking any medications?
Please list______________________________

Is your child allergic or ever had an adverse reaction to a specific medication?
☐ Yes ☐ No

____
Is your child currently under the care of a physician? ☐Yes ☐No
Explain_________________________________

If you checked "Yes" for asthma or breathing problems:

- Explain_____________________________
- Has your child ever gone to the ER for asthma attack? ________________________
- When was the last time?________________
- What triggers the breathing issues?
  ____
- Does your child use an inhaler or nebulizer?
  ____

Parent Signature_____________________________
Provider Signature___________________________