

**PIMA PEDIATRIC DENTISTRY**  
*Medical History Update*

Today's date: \_\_\_\_\_  
Patient name: \_\_\_\_\_ Address: \_\_\_\_\_  
DOB: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Thank you for coming back to see us. In order to update our records so that we may provide your child with the best dental care possible, please answer the following questions.

1. Has there been any change in your child's health since their last visit? \_\_\_ Yes \_\_\_ No
2. If yes - what has changed? \_\_\_\_\_  
\_\_\_\_\_
3. Is your child in good health? \_\_\_ Yes \_\_\_ No
4. If no - why not? \_\_\_\_\_  
\_\_\_\_\_
5. Is your child taking any medications? \_\_\_ Yes \_\_\_ No
6. If yes - what medications? \_\_\_\_\_  
\_\_\_\_\_
7. Is your child allergic to any drugs, medications or foods? \_\_\_ Yes \_\_\_ No
8. If yes- what are they allergic to? \_\_\_\_\_  
\_\_\_\_\_
9. Does your child have any dental problems that we should be aware of? \_\_\_ Yes \_\_\_ No
10. If yes - what? \_\_\_\_\_  
\_\_\_\_\_
11. Do you have dental insurance for your child? \_\_\_ Yes \_\_\_ No
12. If yes - what are the name and policy number of the insurance policy? \_\_\_\_\_  
\_\_\_\_\_
13. In case of an emergency - is there someone, besides yourself that we may contact?  
\_\_\_ Yes \_\_\_ No
14. Name and Telephone number of emergency contact: \_\_\_\_\_

I understand the above information is necessary to provide my child with dental care in a safe and efficient manner. I have answered all questions correctly and fully and to the best of my knowledge. Should further information be needed, you have my permission to ask the respective health care provider or agency, which may release such information to you. I will promptly notify you of any change in my child's health or use of medications.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_