

PIMA PEDIATRIC DENTISTRY
Medical History Update

Today's date: _____
Patient name: _____ DOB: _____
Address: _____ City: _____ Zip: _____
Home Phone No. _____ Cell Phone No. _____
Email: _____

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
13. Emergency contact, other than parent or legal guardian:
Name: _____ Relationship: _____
Telephone Number: _____

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: _____