



Health History Update

Patient name: _____ Date of Birth: _____

Address: _____ City: _____

Home Phone: _____ Cell Phone _____

Email Address: _____

Has your child had any changes in his/her dental history? YES NO

If Yes, Explain: _____

Please indicate any medical conditions: _____

Allergies (penicillin, latex, etc.) _____

Is your child currently taking any medications: YES NO

If Yes: _____

Dental Insurance Name: _____

Initials _____ **Cleaning:** Dental cleaning can remove plaque and most stains. Plaque, if not removed, can cause cavities and irritation to the gum tissue. After the cleaning, fluoride treatment is done, making teeth strong and aid to prevent cavities. Refrain from your child from eating/drinking for 30 minutes to allow the fluoride to take its action. If excess fluoride is digested, vomiting may occur.

Initials _____ **X-rays:** X-rays (radiographs) will be necessary before any diagnosis can be finalized. If any decay or dental infection (abscess) is obvious on visual inspection, x-rays will be necessary to assess the extent of damage to the tooth structure.

Parent/Legal Guardian Signature: _____ Date: _____