

PEDIATRIC New Patient Information

Child's Full Name _____ Birthdate _____

Address _____ City _____ Postal Code _____

Mother's Name _____ Cell # _____ Home # _____

Father's Name _____ Cell # _____ Home # _____

School _____ E-mail _____ BC Care Card # _____

Medical & Dental History

Yes No Is your child under the care of a physician? Name of Family Doctor _____

If so explain: _____

Yes No Has your child ever had a serious illness or been hospitalized?

If so explain: _____

Yes No Is your child currently taking any medications? Specify _____

Yes No Is your child allergic to any medicine or food? Specify _____

Yes No Has your child had any negative experiences with previous medical or dental care _____

If so explain: _____

Has your child ever had any of the following conditions? (Please Circle)

- | | | | | |
|----------------|-----------------|--------------|-----------------|---------------------|
| Measles | Blood Disease | Lung Disease | Diabetes | Shortness of Breath |
| Chicken Pox | Fainting Spells | Epilepsy | Scarlet Fever | Muscular Dystrophy |
| Ankle Swelling | Strep Throat | Chest Pain | Kidney Disease | Multiple Sclerosis |
| Heart Problems | Liver Disease | Ear Aches | Rheumatic Fever | Prolonged Bleeding |
| Cancer | HIV + | Headaches | Ear Problems | Nervous Disorder |
| Hay Fever | Bruise Easily | Tonsilitis | Asthma | Tuberculosis |
| Jaundice | Eye Problems | Other _____ | | |

Yes No Has your child had previous dental care? How long ago? _____

Yes No Has your child ever had an accident, injury or surgery to the mouth? If so describe _____

Yes No Is your child particularly nervous about visiting the dentist? _____

Yes No Have you treated your child's teeth with decay-preventing fluoride, If so give amount _____

Yes No Does your child have problems with chewing, swallowing or speech? _____

Parents Consent for Child I hereby consent to the performing of dental procedures necessary or advisable for my child, including the use of local anaesthesia as indicated, and I accept full responsibility for all fees incurred.

Date _____ Parent's Signature _____