

**PEDODONTICS, P.C. PEDIATRIC DENTISTRY  
HEALTH HISTORY UPDATE**

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City and State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Father's cell ph. (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_      Mother's cell ph (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Father's wk. ph. (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_      Mother's wk. ph. (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

**Appointment confirmation preference (please check only one of these choices):**

Call (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Text (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Has your dental insurance coverage changed in any way?      YES or NO  
**\*\*If new dental insurance\*\***

Name of insurance subscriber (mom or dad) \_\_\_\_\_

Employer \_\_\_\_\_

Subscriber ID# \_\_\_\_\_

Group # \_\_\_\_\_

Name of insurance co. and claims address \_\_\_\_\_

*To assist us in keeping your child's medical history up to date, please answer the following questions:*

1. Who is your child's current family physician? \_\_\_\_\_  
Telephone # \_\_\_\_\_

2. Does your child have any allergies? examples: medications, food, LATEX, dyes, local anesthetics?  
YES or NO  
If so, what? \_\_\_\_\_

3. Has your child's medical history changed since your last visit to this office?  
YES or NO

4. Is your child taking any medication at the present time?  
YES or NO  
If so, what and why? \_\_\_\_\_

5. Has your child had any injury to the head or neck in the last 6 months?  
YES or NO  
If so, explain \_\_\_\_\_

6. Have you ever been told by a doctor that your child has a heart murmur?  
YES or NO  
If so, does the child need to be pre medicated with an antibiotic? YES or NO  
If so, has the child taken premedication today? YES or NO

***I hereby give my permission to evaluate and treat the above named patient.***

Today's Date \_\_\_\_\_ Signed \_\_\_\_\_