Clinton Callahan, DMD

Pediatric Medical & Dental History

Patient Name ____________________________ Date of Birth____/____/____

Parents' Names ____

Mailing Address_______________________________________City_______________State____Zip Code__________

Email____

Telephone Numbers (H)____________________(C)_______________(W)______________

"Whom may we thank for telling you about our office?"____

- Does your child have any current health problems?………………...………yes □ ………no □
- What medications is your child currently taking?
  ____
- Has your child ever had a serious illness, operation, or hospitalization?……yes □ ………no □
  If yes, please describe ______________________ When? _______________________
- Has your child ever had, or do they currently have any of the following conditions? (Please circle)

Rheumatic Fever	Cancer/Tumors	Splenectomy
Heart Condition	Allergies or Hives	ADD
Heart Murmur	Diabetes	ADHD
Abnormal Blood Pressure	Hepatitis/Liver Disease	Autism Spectrum
Sickle Cell Disease/Trait	Brain Injury	Developmental Delay
Blood Disease/Bleeding Disorder	Seizures	MTHFR
Leukemia	Speech Disorder	Other ______________
Anemia	Emotional Disorder	
Lung Disease	Transfusions	NONE
Asthma	Kidney Disease	

- Is your child allergic to, or has he/she reacted adversely to any of the following: (Please circle)

Aspirin	Penicillin	Sedatives
Acetaminophen (Tylenol)	Amoxicillin	Latex
Nitrous Oxide (laughing gas)	Erythromycin	Other Substances?____________
Local Anesthetic ("Novocaine")	Codeine	NONE

How long since your last dental visit? _____________ Has your child ever had an UNHAPPY dental experience? ______

Is your child having a dental problem now? _______ If yes, please describe ____

Has your child ever had any injuries to the teeth, mouth, or head? _______ If yes, describe ___________________________

Circle any that apply to your child: THUMBSUCKING PACIFIER NAILBITING GRINDING SNORING

Has your child ever taken a bottle or "sippy cup" at naptime or bedtime? _________

To the best of my knowledge, the above questions have been answered accurately. I hereby consent to the initial examination, including the taking of diagnostic radiographs (x-rays), photographs, and casts as deemed necessary by Dr. Callahan.

Signature of Parent/Guardian____ Date______________________.