



Medical/Dental History Update – Please complete the following form prior to all cleaning appointments.

Child's Full Name (nickname): _____ Date of Birth: ____ / ____ / ____

Does your child have any **current or previous medical concerns/problems**? Yes / No, describe _____

Is your child seeing any **new doctors or medical specialists**: Y/N, if yes please list names and phone numbers _____

Does your child have any **allergies** to medications, food or latex? If so, what? _____

Is your child take any **medications** at this time? If so, what and why: _____

Has your child EVER had **surgery** or been **hospitalized**? Why? _____

Is your child's **water fluoridated**?

Yes No I'm not sure

Does your child participate in any **sports** or similar activities? Yes, list _____ No

Is your child receiving **fluoride supplements**?

Yes, circle dose: (0.25mg / 0.5 mg/ 1.0 mg) No

Does your child wear a **mouthguard** during these activities? Yes No

Do you have any questions or concerns regarding your child's oral health? _____

I understand that the information I have given is correct to the best of my knowledge, that it will be held in the strictest of confidence, and that it is my responsibility to inform this office of any changes in my child's medical status. Initial here: _____

I hereby give permission to Cornerstone Kids Dentistry to provide dental treatment to my child, which the doctor deems necessary and appropriate. Routine treatment may include, but is not limited to, examination, prophylaxis, topical fluoride varnish, radiographs, etc.

Signature of parent/legal guardian

Date

OFFICE USE ONLY

HEIGHT: _____ **WEIGHT:** _____

REVIEWED BY: _____