michelle giumenta, dds
pediatric dentistry

child's medical history:

Child's physician ______________________________ phone ______________
Physician's address ____
Date of last physical examination ______________
Is the child under the care of a physician? yes ______ no ______
If yes, Why? ____
Is the child taking any medications? yes ______ no ______
If yes, what medications and reason why ______________________________
____
Has the child ever been hospitalized? yes ______ no ______
If yes, when and why? ____
____
Has the child ever had surgery? yes ______ no ______
If yes, please explain ____
____

Does the child have or had any of the following: Please specify has or had below.

______heart murmur or heart disease
______rheumatic fever
______high or low blood pressure
______bleeding problems
______anemia
______asthma
______tuberculosis
______convulsions
______epilepsy
______seizures
______fainting
______hearing problems
______vision problems
______speech problems
______kidney disorder
______hepatitis
______thyroid disorder
______diabetes (Type?)
______liver disorder
______mononucleosis
______measles
______mumps
______chicken pox
______cerebral palsy
______malignancy
______HIV virus
______hives or skin rash
______developmental disability

Additional remarks: ____
____
Does the child have any allergies? yes ______ no ______
If yes, to what? ____
Was there a normal pregnancy? yes ______ no ______
If no, why? ____
Were there any major illnesses in child's early years of life? yes ______ no ______
If yes, what? ____
Are there any siblings? yes ______ no ______
Any other pertinent medical history or information that we should be aware of? ____________
____
____
____