

# CHILD EXAM QUESTIONNAIRE

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DATE OF EXAM \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

## MEDICAL HEALTH HISTORY - CHILD

General health (Please check):  
 excellent  good  fair  poor

Who is child's physician?  
Address?

When did child have last complete physical examination?

Is child treated for anything now?

Did child ever have (please check):

- |  |   |
|--|---|
| <input type="checkbox"/> Kidney disease  | <input type="checkbox"/> Anemia               |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Asthma               |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Heart trouble        |
| <input type="checkbox"/> Hepatitis       | <input type="checkbox"/> Epilepsy/convulsions |
| <input type="checkbox"/> Liver disease   | <input type="checkbox"/> Speech impediment    |
| <input type="checkbox"/> Tuberculosis    | <input type="checkbox"/> Hearing problem      |
| <input type="checkbox"/> Other           |   |

Is child allergic to (Please check):

- Penicillin  Codeine  Novocaine  Other

Is child taking any medications now?  
If so, what?

Does child have any allergies?

Is child subject to prolonged illnesses?

Does child have any emotional problems?

I VERIFY THE ABOVE AND GIVE MY CONSENT FOR TREATMENT

PARENT OR GUARDIAN'S SIGNATURE \_\_\_\_\_

## DENTAL HEALTH HISTORY - CHILD

Date of last dental exam \_\_\_\_\_

What concerns you most about your child's dental health?

Does your child ever have dental pain? If so when?

Did child ever have a negative dental experience?  
Discuss \_\_\_\_\_

Mouth habits:  Thumb sucking  Mouth breathing  Bottle nursing

Has the child had teeth removed?

Has child had orthodontic treatment?

Does your child have a "sweet" tooth?

How often does your child brush?  
Floss?

Has child received any fluoride treatment?  
 pill/vitamins  topical  water

Are you happy with the appearance of child's teeth?

Has anyone explained the importance of primary teeth?