Child's Name:________________________________ Date: ______________

Child's Prefers to be Called: ________________________ Date of Birth: ______________

Mother's Name: ______________________ Father's Name:______________________

Physician's Name:______________________ Phone Number:______________

Please check the appropriate box ☐Yes or ☐ No.

1. Is the child currently being treated by a physician?.. ☐ Yes ☐ No
   If yes, please explain.________________________________
2. Is the child taking any medications?.. ☐ Yes ☐ No
   If yes, please list.________________________________
3. Has the child been hospitalized or been seriously injured?.. ☐ Yes ☐ No
   If yes, please explain.________________________________
4. Is the child allergic to any medications or drugs?.. ☐ Yes ☐ No
   If yes, please explain.________________________________
5. Are there any other medical conditions we should be aware of?.. ☐ Yes ☐ No
   If yes, please explain.________________________________

This portion to be completed by the child.

(Younger children may prefer to draw a picture of either the dentist's office or their own mouth / teeth instead.)

Have you seen the dentist before? ☐ Yes ☐ No If yes, when?______________________

What was it like?________________________________

How do you feel about coming to see us?________________________________

What do you know about taking care of teeth?________________________________

Do you think you take care of your teeth most of the time?______________________

Draw a picture of your dental visit or of your mouth.

To the best of my knowledge, all the preceding answers are true and correct. If deemed advisable, I grant permission for my child's physician to be contacted for details and advice. I further authorize the taking of radiographs, photographs or other diagnostic measures appropriate for a thorough evaluation. Authorization is also given for dental treatment to be rendered by Dr. Gillespie or office staff.

Signature:________________________________ Date:______________

CHILDREN'S HEALTH HISTORY