



ADDITIONAL DENTAL/MEDICAL HEALTH INFORMATION

Date _____

Medical History

Heart Murmur or Mitral valve prolapsed	___ yes ___ no	Crohn's disease	___ yes ___ no
Stomach problems	___ yes ___ no	Learning disorder	___ yes ___ no
Congenital heart disease	___ yes ___ no	Autism	___ yes ___ no
Hypoglycemia	___ yes ___ no	ADHD/ADD	___ yes ___ no
Thyroid condition	___ yes ___ no	Speech/language delay	___ yes ___ no
History of transplant	___ yes ___ no	Psychological disorder	___ yes ___ no
Anemia	___ yes ___ no	Cleft lip only ___ Cleft palate only ___	
Endocrine disorder	___ yes ___ no	Cleft lip and palate ___	
GERD (gastro esophageal reflux disorder)	___ yes ___ no	Repair/reconstruction surgery?	___ yes ___ no
Radiation therapy	___ yes ___ no	Other medical problems _____	
Headaches	___ yes ___ no	_____	

My child needs antibiotic prophylaxis prior to dental treatment: ___ yes ___ no

Medications: ___ none, or _____

Surgeries: ___ none, or _____

Allergies

Food allergies: ___ none, or _____

Personal or family history of **Malignant Hyperthermia** (allergy to general anesthesia): ___ yes ___ no

Immunization History

Child has had the following immunization: (please check all that apply)

- ___ Diphtheria, Tetanus, Pertussis (DTP) 2, 4, 6, 15-18 months old, and 4 years old to 7th birthday
- ___ Haemophilus Influenzae b (HbCV) 2, 4, 6, 15 months
- ___ Polio (OPV) 2, 4, 15-18 months old, and 4-6 years old
- ___ Measles, Mumps, Rubella (MMR) 11-12 years old
- ___ Adult Tetanus and Diphtheria (TD) 14-16 years old, repeated every 10 years

Birth History

Patient was born at _____ weeks gestation

Pregnancy abnormalities: _____

Birth abnormalities / congenital defects: ___ none, or _____ :

Delivery Method: ___ Vaginal delivery ___ Planned caesarean section ___ Unplanned caesarean section

Patient was intubated: ___ yes ___ no

Patient was hospitalized: ___ yes ___ no (If yes, for how long?) _____

Dietary History

Breast-fed until age: _____ Bottle-fed until age: _____ Sippy cup until age: _____

Child slept with milk or juice bottle: ___ yes ___ no (If yes, until what age?) _____

Started regular cup age: _____

Please detail dietary restrictions: _____

Family Information

Siblings name	Gender	Age	Lives in same home?	Patient of LWSS?

Dental Health History

Child's water supply is primary: town/city of _____ fluoridated? ___ yes ___ no, or well-water ___

Child's oral homecare is: ___ assisted, *or* ___ supervised, *or* ___ unsupervised

Does this child have an immediate dental problem? (*please describe*): _____

History of toothache: ___ yes ___ no

Describe: _____

History of injury to mouth, teeth, jaws?: ___ yes ___ no

When: _____

Please describe the injury:

Please check previous dental care: ___ x-rays ___ cleaning/fluoride ___ exam ___ filling ___ extraction

Child's attitude at last dental visit (other provider) was: ___ undisturbed ___ nervous ___ anxious ___ panicky

History of dental treatment under sedation? ___ yes ___ no; under general anesthesia? ___ yes ___ no

History of orthodontic care (appliances, braces)? ___ yes ___ no, with Dr. _____

When? _____

TMJ (please check all that apply): ___ clicking/popping ___ locking ___ tenderness ___ no known problems

CONSENT TO BEHAVIOR MANAGEMENT

We do our best to give your child the best quality dental care in a safe and caring environment.

Every effort will be made to work with your child to gain cooperation through understanding, gentle guidance, humor and charm. When these fail, there are other management techniques that can eliminate or minimize disruptive behavior. Our dentist(s) and staff have received training in the following techniques accepted by the American Academy of Pediatric Dentistry:

- **Tell-Show-Do** - the dentist or staff member explains to the child what is to be done, shows an example on a tooth model or on the child's finger, then the procedure is done on the child's tooth.
- **Positive reinforcement** - rewards the child who displays cooperative behavior with compliments, praise, a pat on the shoulder or a small prize.
- **Voice control** - the attention of a disruptive child is redirected by a change in the tone and volume of the dentist's voice.
- **Mouth props** - a padded device is placed in the mouth to prevent closure of the child's teeth on the dentist's fingers or dental equipment.
- **Hand and/or head holding by a dentist or assistant** - an adult keeps the child's body still so the child cannot grab the dentist's hand or sharp dental tools.
- **Nitrous Oxide** - medication breathed through a colored/scented nose mask to relax a nervous child. The child remains awake but is relaxed and calm. Nitrous oxide is also known as laughing gas. Children with sensitive stomachs may become nauseated when breathing nitrous oxide and patients are asked not to eat three hours prior to the appointment.
- **Stabilization wrap** - a body wrap made of fabric mesh and Velcro that is placed around the child to limit movement. It is never used without the consent of the parent prior to immediate use.

Parent/Guardian _____

Witness _____