



# Cody Dental Group. *Established 1946*

## Pediatric Patient Medical History

Child's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of last visit: \_\_\_\_\_ Are your child's immunizations current? Yes / No

Is your child currently under a physician's care? Yes / No. If Yes, explain \_\_\_\_\_

Has your child had any serious illness or surgery? Yes / No. If Yes, explain \_\_\_\_\_

***Please circle Yes or No for your child having any of the following? Circle Yes or No (Y N)***

- |     |                     |     |                          |     |                 |
|-----|---------------------|-----|--------------------------|-----|-----------------|
| Y N | Abnormal Bleeding   | Y N | Diabetes                 | Y N | HIV/AIDS        |
| Y N | Drug Allergies      | Y N | Disabilities/Handicaps   | Y N | Kidney problems |
| Y N | Respiratory Disease | Y N | Hearing Impairment       | Y N | Asthma          |
| Y N | Rheumatic Fever     | Y N | Heart murmur             | Y N | Cancer          |
| Y N | Hemophilia          | Y N | Congenital Heart Disease | Y N | Tuberculosis    |
| Y N | Hepatitis           | Y N | Epilepsy/ Convulsions    | Y N | Hospitalization |

List any medications your child is taking:

List any allergies you child has:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for today's appointment? \_\_\_\_\_

Has your child seen another dentist previously? \_\_\_\_\_ If so, previous dentist name: \_\_\_\_\_

Does your child brush his/her teeth daily? Yes / No      Does your child have jaw pain or discomfort? Y / N

Is your child a mouth breather during the day? Y/N      At Night? Y / N

Does your child currently/or ever, sucked fingers or thumb? Y / N

Does your child have any speech problems? Y / N. If Yes, please explain: \_\_\_\_\_

Has there ever been any injury to the face, mouth or teeth? Y / N \_\_\_\_\_

Other info you would like to share regarding child's medical/dental health \_\_\_\_\_

Dr Patra Watana

4301 East Amherst Avenue \* Denver, Colorado. 80222 \* (303)753-7497 \* [www.codydental.com](http://www.codydental.com)