



Donald J. Johnson, DDS

Child's Name _____ Today's Date ____ / ____ / ____

Nickname _____ Age _____ Date of Birth ____ / ____ / ____

Favorite Sport _____ Favorite Toy _____

Favorite Hobby _____ Favorite Person _____

DENTAL HISTORY

Has child complained about dental problem _____	YES	NO	Does your child brush teeth daily _____	YES	NO
Any unhappy dental experiences _____	YES	NO	Do you assist your child with tooth brushing _____	YES	NO
Any injuries to mouth - teeth - head _____	YES	NO	How often _____	YES	NO
Any mouth habits - thumbsucking, nailbiting, mouth breathing, nursing bottle habits, pacifier, etc. ____	YES	NO	Is dental floss used _____	YES	NO
Any unusual speech habits _____	YES	NO	How often _____	YES	NO
Any lost teeth _____	YES	NO	Are disclosing tablets used _____	YES	NO
Have missing teeth been replaced _____	YES	NO	Is fluoride taken in any form _____	YES	NO
Orthodontic appliances worn now or ever been _____	YES	NO	Child's attitude toward dentistry _____		

Former Dentist _____ Date of last dental exam ____ / ____ / ____

MEDICAL HISTORY

Is child under the care of a physician now _____	YES	NO	CHECK (✓) IF YOUR CHILD HAS HAD HISTORY OF OR DIFFICULTY WITH:		
Is child receiving any medication or drugs _____	YES	NO	___ Anemia	___ Epilepsy	___ Mastoid
Is there excessive bleeding when cut _____	YES	NO	___ Asthma	___ Fainting	___ Measles
Has child ever been hospitalized _____	YES	NO	___ Bladder	___ Hearing	___ Mononucleosis
Has child ever had surgery _____	YES	NO	___ Cerebral Palsy	___ Heart	___ Mumps
Is child allergic to penicillin/or other drugs _____	YES	NO	___ Chicken Pox	___ Kidney	___ Rheumatic Fever
Other allergies: food - pollen - animals - dust - other _____	YES	NO	___ Chronic Sinus	___ Liver	___ Thyroid
Are there physical coordination problems _____	YES	NO	___ Convulsions	___ Malignancies	___ Tuberculosis
Are there any emotional problems _____	YES	NO	___ Diabetes	___ OTHER _____	

Physician _____ Date of last physical exam ____ / ____ / ____

May we request release of your child's medical records for our reference _____ YES NO

Please describe any current medical treatment including drugs, pending surgery, recent injuries or other information I should be aware of that we have not discussed. _____

Information provided by _____ Relation to child _____