

# CHILD DENTAL HISTORY

Why have you come to the dentist today? \_\_\_\_\_

Name of child's previous dentist: \_\_\_\_\_ City / State: \_\_\_\_\_

When did child see dentist last? \_\_\_\_\_ Did child have X-rays taken at that time?  Yes  No

What was the reason for child seeking dental treatment at that time?  Routine exam  Teeth cleaning  Special problem

If special problem, please explain: \_\_\_\_\_

## Yes No

Has child previously complained about dental problems? Please explain: \_\_\_\_\_

Is child extremely nervous or anxious while receiving dental treatment? Please explain: \_\_\_\_\_

Has child had any injuries to the mouth, teeth or head? Please explain: \_\_\_\_\_

Does child have any mouth habits (thumbsucking, nail biting, mouth breathing, nursing bottle habits, pacifier, sippy cup, etc.)? \_\_\_\_\_

Does child have unusual speech habits? Please explain: \_\_\_\_\_

Has child worn orthodontic appliances now or in the past? Please explain: \_\_\_\_\_

Is child assisted with tooth brushing? How often are the child's teeth brushed? \_\_\_\_\_ times daily \_\_\_\_\_ times weekly  
How often are child's teeth flossed? \_\_\_\_\_ times daily \_\_\_\_\_ times weekly

Does child use toothpaste? What type? \_\_\_\_\_

Is child's drinking water fluoridated?

Is child taking fluoride in any other form? Please explain: \_\_\_\_\_

Has any member of the family ever had an unusual dental history, such as missing or extra teeth? Please explain: \_\_\_\_\_

Does child snack or frequently consume sugar such as gum, soda pop, Life Savers or fruit juices? Please explain: \_\_\_\_\_

## For Office Use Only

I verbally reviewed the medical/dental information above with the patient named herein. Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Comments: \_\_\_\_\_

## Medical History Update:

1. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Signature: \_\_\_\_\_

3. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Signature: \_\_\_\_\_

4. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Signature: \_\_\_\_\_

5. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Signature: \_\_\_\_\_

6. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Signature: \_\_\_\_\_

7. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Signature: \_\_\_\_\_

8. Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Signature: \_\_\_\_\_

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