CHILD DENTAL HISTORY

Why have you come to the dentist today?_____

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 any dental issues? Please explain:_____
❑	❑	In the past, has your child been 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
		How often are child's teeth flossed? _____times daily
❑	❑	Does child use toothpaste?
❑	❑	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: _____

Matthew D. Goodhue, DMD

17050 PILKINGTON RD., SUITE 230 • LAKE OSWEGO, OR 97035

PHONE: 503.636.6644 • FAX: 503.635.3099