

Patient Medical History – Minor/Child

WHITEANDHAINES	WHITEANDHAINES Patient's Name		Date of Birth	
advanced dentistry general dentistry Steven M. White DDS, PA	Minor/Child's Physician	Phone		
Brad S. Haines DDS, PA Is Minor/Child under	care of physician now?	Yes	No	
Receiving any medications or drugs?				
If so, please list				
Ever been hospitalized?				
Ever had surgery?				
Is there excessive bleeding when cut?				
List any Allergies				
Has minor/child had any history of or difficulty with any of the following? If yes, please check.				
A.I.D.S./H.I.V. Asthma Bladder Problems Cancer Cerebral Palsy Kidney Disease Mononucleosis Sinus Problems Other	☐ Anemia ☐ Chicken Pox ☐ Convulsions ☐ Diabetes ☐ Drug Abuse ☐ Liver Disease ☐ Mumps ☐ Thyroid ☐		Epilepsy Fainting Hearing Problems Heart Problems Hepatitis Measles Rheumatic Fever Tuberculosis	
Patient Den	tal History – Minor/C	hild		
			nat service?	
Has child complained about dental problems?		Yes □	No □	
Is fluoride taken in any form?				
Does child brush teeth daily & floss?				
Any injuries to mouth, teeth, head?				\$
Any unhappy dental experiences?				(00)
Any mouth habits – thumb sucking, nail biting, mouth breathing, pacifier, sleeping with a bottle, etc?				
X				
Signature of patien	t or parent/guardian if minor			Date