



SAN DIEGO DENTAL ANESTHESIA  
GIVING PEACE TO DENTISTRY

## Child Health History Form

**PATIENT INFORMATION:** (CONFIDENTIAL)

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**RESPONSIBLE PARTY:**

Name of Person Responsible: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MEDICAL HISTORY:**

Has your child ever had any of the following medical problems?

Y N Allergies to any drugs

Y N Diabetes

Y N Any Hospital Stays

Y N Seizures/Epilepsy

Y N Any Operations

Y N Handicaps/Disabilities

Y N Heart Defects

Y N Cerebral Palsy

Y N Asthma/Lung Problems

Y N Tuberculosis

Y N History of Sleep Apnea

Y N Developmentally Delayed

Y N Hepatitis/Liver problems

Y N Rheumatic/Scarlet Fever

Y N Kidney Problems

Y N Cancer

Y N Bleeding Problems/Nose bleeds

Y N Hearing Impairments

Y N Heart Murmurs

Y N Autism/Down's Syndrome

Y N Latex Allergy

Y N Is there any possibility your child could be pregnant?

Please discuss any medical problems that the child has/had: \_\_\_\_\_

\_\_\_\_\_

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

Is the child currently under the care of a physician? Yes No Date of Last Visit: \_\_\_\_\_

Please describe the child's current physical health: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Poor \_\_\_\_\_

Please list all medications your child is taking: \_\_\_\_\_

The information on this questionnaire is accurate to the best of my knowledge. I understand that the information will be held in the strictest of confidence and it is my responsibility to inform Dr. Tyler Johnson of any changes in the medical status of my child at the earliest possible time.

Signature of Parent or Legal Guardian

Date

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_