

## Child Medical History

*The staff at Sapperton Dental would like to welcome you to their practice.*

To assist us in providing you with the best possible treatment and standard of care, we ask that you complete this confidential medical history questionnaire.

### Personal Details:

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

Address: \_\_\_\_\_ City/Postal Code: \_\_\_\_\_ Phone # \_\_\_\_\_

**Dental History:** Are you having any discomfort at this time? If yes please specify: \_\_\_\_\_

Have you been under the regular care of a dentist? \_\_\_\_\_

How long since your last dental visit? \_\_\_\_\_

**Medical Information:** Medical Doctor/Contact phone #: \_\_\_\_\_

Are you presently under the care of a medical doctor: If yes please specify: \_\_\_\_\_

Are you presently taking any medication, including non-prescription, herbal supplements and/or vitamins: \_\_\_\_\_

Do you have any **allergies** or had any reaction to (medications, anaesthetics, metals, latex, antibiotics etc.): \_\_\_\_\_

### Do you have or have you had any of the following:

High Blood Pressure	Y / N	Anemia	Y / N	Sinus Problem	Y / N	Low Blood Pressure	Y / N
Arthritis	Y / N	Cancer/Chemo	Y / N	Tuberculosis	Y / N	Headaches	Y / N
Thyroid Problems	Y / N	Diabetes	Y / N	Stroke	Y / N	Heart Disease	Y / N
Head/Neck Injuries	Y / N	Hepatitis	Y / N	Chest Pain	Y / N	Blood Disorders	Y / N
Asthma	Y / N	Liver Disease	Y / N	Epilepsy	Y / N	Rheumatic Fever	Y / N
Heart Murmur/Problems	Y / N	Ulcer	Y / N	Emphysema	Y / N	Glaucoma	Y / N

The dentist shall obtain my verbal consent before performing any dental procedure. I will be responsible for fees associated with these procedures (including the fees not covered by my dental insurance policy) \_\_\_\_\_ initials.

**Your appointment time will be reserved especially for you. If you are unable to keep the appointment we require 2 business days notice or there will be a missed appointment or short cancellation fee charged.** \_\_\_\_\_ initials

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_