

## MEDICAL HISTORY (CHILD)



Title \_\_\_\_\_ Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Postal Address: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

Do you have Dental Insurance? Yes No If yes, which fund? \_\_\_\_\_ No. \_\_\_\_\_

Please indicate your preferred method of appointment confirmation: ( )SMS ( )Telephone ( )Email

Medical Doctor - Name : \_\_\_\_\_ Contact: \_\_\_\_\_

Are you allergic to any medication? No Yes, If yes, please specify: \_\_\_\_\_

Do you have any present illness? No Yes If yes, please specify: \_\_\_\_\_

Please circle any of the following below that applies to you:

Crooked Teeth, Mouth breathing, Incorrect Jaw Development, Speech problems, Regular ENT Infections, Stomach or Digestive problems, Bleeding Disorder, ADHD, Heart Murmur/ Heart Disease, Stroke Blood Pressure: High Low, Hepatitis: A B C, Thyroid Disorder, Angina, Diabetes: Type 1 Type 2, Nervous or Psychiatric Condition, Artificial Heart, Valves/Valve Defect, Epilepsy, Rheumatic Fever, Asthma, Heart Attack, Taking Bisphosphonates, Bone Disease, HIV Positive, Congenital Heart Defect, Cancer Therapy, Others \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Are you currently taking any medication? Including herbal/dietary supplements, or naturopathic medicine. No Yes, If yes, please specify: \_\_\_\_\_

When did you have your last Dental visit? \_\_\_\_\_

Do you present with any pain or any concerns regarding oral health? No Yes \_ If yes, please, describe in a few words what is happening \_\_\_\_\_

How often do you brush your teeth? \_\_\_\_\_

Do you floss? How often? \_\_\_\_\_

Is there anything that you would like to discuss with the dentist regarding oral health or the appearance of your smile? \_\_\_\_\_

Sleep Apnea - Have you been diagnosed with Sleep Apnea? No Yes If yes, are you currently using any Sleep Apnea Devices? No Yes

For the dentist to assess and discuss further for possible Obstructive Sleep Apnea, please tick any that apply: ( ) Excessive snoring ( ) Daytime Tiredness ( ) Stop breathing ( ) Lack of energy ( ) Choking or gasping during sleep ( ) Poor concentration/memory ( ) Frequent visits to the bathroom during the night ( ) Falling asleep during the day ( ) Bed Wetting.

Materials Dental or restorative materials are used to replace loss of tooth structure. A large range of restorative materials are available, and their characteristics vary according to their intended purpose:

( ) I am happy to let the dentist choose the appropriate material for each restorative situation, based on the knowledge of the materials properties, bio-compatibility, aesthetics and applications.

( ) I wish to further discuss with dentist the materials to be used.

FOR YOUR COMFORT: Many people are still nervous about coming to the dentist. Whilst the improvements in techniques and anaesthetics have helped most people, you may still be apprehensive and wish us to take extra measures for your comfort.

Please circle the number that indicates your present level of apprehension.

Completely at

Ease 0 1 2 3 4 5 6 7 8 9 10 Petrified

Is there anything you would like to discuss in private with the dentist: Yes No

Dental History - Additional Considerations

How did you hear about us? \_\_\_\_\_

Do you give consent for the use of photos/videos to be used on social media and or advertising?

Please circle No Yes

**No accounts are kept in this office; hence it is practice policy that payments are to be made on the day of treatment.**

We will send you email communications from time to time, including appointment reminders, recall reminders, and our regular newsletter. Please tick this box if you don't wish to receive communication from us. ( )

Parent/ Guardian name:

\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

**The Commons - Shops 9/10, 480 Casuarina Way - Casuarina NSW 2487.**

**02 6678 2220 Fax 02 6678 2230  [www.casuarinadental.com.au](http://www.casuarinadental.com.au).**