

PEDIATRIC DENTISTRY OF NORTHBROOK & HIGHLAND PARK

HEALTH HISTORY

Patient's Name _____ M / F _____ Birthdate _____

Patient's Address _____ City, State & Zip _____

Email _____

Referred by _____ Pediatrician's name _____

Parent/Guardian _____ M / F Birthdate _____ SSN _____

Home # _____ Cell # _____ Text message reminders? Y / N _____

Employer _____ Work # _____

Parent/Guardian _____ M / F Birthdate _____ SSN _____

Home # _____ Cell # _____ Text message reminders? Y / N _____

Employer _____ Work # _____

Billing Information (if different from above)

Name _____ Address _____

PATIENT'S MEDICAL HISTORY (please circle Yes or No)

Is the patient under any medical treatment now? **Yes** **No** If yes, why? _____

Has the patient ever been hospitalized? **Yes** **No** If yes, why? _____

Does the patient have any allergies? (please circle) **Penicillin** **Sulfa** **Red Dye** **Latex**
Local Anesthetic **Aspirin** **Pain Medications** **Other** _____

Does the patient have a speech, cognitive, or emotional difference that may impact treatment? **Yes** **No**

Does the patient have or has the patient had any of the conditions listed? (please circle) **Asthma** **Seizure Disorders** **Down Syndrome** **ADHD**
Diabetes **Kidney/Liver Disease** **HIV Positive/AIDS** **Learning Disabilities**
Celiac Disease **Blood Disease** **Prolonged Bleeding** **Autistic Spectrum**
Ear Infections **Respiratory Disease** **Vision/Hearing Impaired** **Depression/Anxiety**
Strep Throat **Tumors/Growths** **Hepatitis** **Other** _____

Does the patient have any heart problems, defects, or murmurs? **Yes** **No**

Does the patient require antibiotics for dental work? **Yes** **No**

Is the patient currently taking any drugs or medications? **Yes** **No**

If yes, what/purpose? _____

Any other information to be known about the patient's health? **Yes** **No**

If yes, what? _____

I, the undersigned (patient or legally responsible party), will keep you informed if changes occur in the patient's health.

Signature _____

Date _____