Cody Dental Group. *Established 1946*

Pediatric Patient Medical History

Child's Name: _____

Physician's Name: _____Phone Number_____

Date of last visit: _____ Are your child's immunizations current? Yes / No

Is your child currently under a physician's care? Yes / No. If Yes, explain_____

Has your child had any serious illness or surgery? Yes / No. If Yes, explain_____

Please circle Yes or No for your child having any of the following? Circle Yes or No (Y N)

Y N	Abnormal Bleeding	Y N	Diabetes	Y N	HIV/AIDS
Y N	Drug Allergies	Y N	Disabilities/Handicaps	Y N	Kidney problems
Y N	Respiratory Disease	Y N	Hearing Impairment	Y N	Asthma
Y N	Rheumatic Fever	Y N	Heart murmur	Y N	Cancer
Y N	Hemophilia	Y N	Congenital Heart Disease	Y N	Tuberculosis
Y N	Hepatitis	Y N	Epilepsy/ Convulsions	Y N	Hospitalization

List any medications your child is taking:

_____

_____

List any allergies you child has:

_____

_____

Reason for today's appointment? _____

Has your child seen another dentist previously? _____ If so, previous dentist name:_____

Does your child brush his/her teeth daily? Yes / No Does your child have jaw pain or discomfort? Y / N

Is your child a mouth breather during the day? Y /N At Night? Y / N

Does your child currently/or ever, sucked fingers or thumb? Y / N

Does your child have any speech problems? Y / N. If Yes, please explain: _____

Has there ever been any injury to the face, mouth or teeth? Y / N _____

Other info you would like to share regarding child's medical/dental health _____

Dr Patra Watana

4301 East Amherst Avenue * Denver, Colorado. 80222 * (303)753-7497 * www.codydental.com