

atient \_\_\_\_\_ Age \_\_\_\_\_ Recall Date \_\_\_\_\_  
 C: \_\_\_\_\_ MED UPDATE: \_\_\_\_\_

OS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
				A	B	C	D	E	F	G	H	I	J			
				T	S	R	Q	P	O	N	M	L	K			
PAN																
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

BEH: \_\_\_\_\_  
 Current Fl. use: None \_\_\_\_\_ Rinse \_\_\_\_\_ Tab \_\_\_\_\_ Vit \_\_\_\_\_ H<sub>2</sub>O \_\_\_\_\_ HYG: \_\_\_\_/\_\_\_\_/\_\_\_\_ DH: \_\_\_\_\_  
 FCI: Brush \_\_\_\_\_ Floss \_\_\_\_\_ Perio aid \_\_\_\_\_ FL RINSE \_\_\_\_\_ FL Q-tip \_\_\_\_\_ Diet \_\_\_\_\_ Other \_\_\_\_\_  
 Handout: PULP - FL - TRAUMA - VOCAB - OS - OCR - HABIT - ANKYLOSIS - SED \_\_\_\_\_  
 FL RX \_\_\_\_\_ RX \_\_\_\_\_ WEIGHT \_\_\_\_\_ LBS \_\_\_\_\_  
 REFERRALS GIVEN: \_\_\_\_\_  
 APPTS: RECALL \_\_\_\_\_ OPER: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ OR/GA \_\_\_\_\_ HRS \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_  
 Class: Perm Molar - I II III EE \_\_\_\_\_  
 Prim Molar - Flush M-step D-step \_\_\_\_\_  
 OJ: \_\_\_\_\_ OB: \_\_\_\_\_ X-bite \_\_\_\_\_  
 Midline: \_\_\_\_\_

### Medical/Dental Health Update

- NAME \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_
- Has your child had any dental problems or injuries since last visit? ..... Yes No  
 If yes, what? Any current dental concerns? \_\_\_\_\_
  - List all medical conditions of concern for your child. \_\_\_\_\_
  - When was your child's last visit to the family physician and why? \_\_\_\_\_  
 Doctor's Name \_\_\_\_\_
  - Is your child taking any medications, prescription or non-prescription? ..... Yes No  
 What? \_\_\_\_\_ Why? \_\_\_\_\_
  - Has your child ever had an allergic reaction, become sick from, or been told not to take:
 

Foods .....	Yes	No	Penicillin or other antibiotics .....	Yes	No
Aspirin, codeine or other pain medication .....	Yes	No	Other Medications .....	Yes	No
Novocaine, xylocaine or other anesthetics .....	Yes	No	Latex Products .....	Yes	No
  - Females:** Is your child pregnant? ..... Yes No Taking birth control medication? ..... Yes No
  - Have there been any changes in the address, insurance, parental marital status, or guardianship of child? ..... Yes No  
 If Yes, explain: \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_