Duxbury Children's Dentistry
(781) 934-7111
95 Tremont Street – Ste 18
Duxbury, MA 02332

MEDICAL HISTORY UPDATE

Please have this form accompany your child into the room. Do not leave at front desk or in waiting room.

DATE: _____ **CHILD/Patient Name**_____ **Birth date**_____

Please inform the front desk of any changes in address, telephone number, or insurance information.

DO NOT FILL OUT THIS FORM UNLESS YOU ARE THE LEGAL GUARDIAN or PARENT.

List medications: _____

List Allergies: _____

Yes	No	**PLEASE ADVISE IF YOUR CHILD HAS ANY OF THE FOLLOWING:**
☐	☐	Bone breaks or bone surgery (scoliosis, plating, pins, screws) placed in the last two years
☐	☐	Any history of heart conditions such as arrythmias, heart valve defects, high blood pressure Please explain: _____
☐	☐	Diabetes or kidney/liver disease
☐	☐	Any history of concussion in the last 6 months
☐	☐	Any history of taking oral steroids for inflammation in the past 6 months
☐	☐	Nickel or metal allergy

Has child been diagnosed or treated for:	Yes	No		Yes	No
A.I.D.S./H.I.V.	☐	☐	Headaches	☐	☐
Anemia	☐	☐	Hearing Problems	☐	☐
Asthma	☐	☐	Heart Murmur/Heart Condition	☐	☐
Autism / Spectrum Disorder	☐	☐	Hepatitis	☐	☐
Autoimmune	☐	☐	Infections	☐	☐
Bladder Problems	☐	☐	Kidney Disease	☐	☐
Prolonged Bleeding/Transfusions	☐	☐	Liver Disease	☐	☐
Blood Clots/Dyscrasias	☐	☐	Mental Illness	☐	☐
Cancer	☐	☐	Muscular Problems	☐	☐
Cerebral Palsy	☐	☐	Physical Disabilities	☐	☐
Cleft Lip/Palate	☐	☐	Sensory Problems or ADHD or ADD	☐	☐
Congenital Birth Defects	☐	☐	Sinus Problems	☐	☐
Convulsions/Seizures	☐	☐	Social Impairment	☐	☐
Diabetes	☐	☐	Speech Problems	☐	☐
Down Syndrome	☐	☐	Thyroid Problems	☐	☐
Drug/Alcohol Abuse	☐	☐	Tuberculosis	☐	☐
Emotional Impairment	☐	☐	Other _____	☐	☐

Please describe "Yes" _____

_____

Signature:_____**Print Name:**_____**Date:**_____

Provider Signature: _____**Date:**_____

IN OFFICE USE ONLY:

Pre-Med Clearance on file *Allergies:*

Contraindicated: (circle if applies)

Fl2 Varnish	Prophy Paste	Lidocaine
Topical	Lollipops	Epinephrine

Other: _____