

J. Robert Hendricks, DMD, MPH
Brentwood Dental Specialists, LLC
1642 Westgate Circle
Brentwood, TN 37027
(615) 373-9889

CHILD/ADOLESCENT HISTORY

Patient Name: _____

MEDICAL HISTORY

- Y N Is the child in excellent health? Patient's last physical exam was _____ (month/year)
- Y N Has there been a change in the patient's general health within the last year?
- Y N Is the patient under the care of a physician? If so, for what condition? _____
- Y N Has the patient has a serious illness/hospitalization in the past 5 years? If yes, explain. _____
- Y N Is the patient taking any medication (include non-prescription) If yes, which medications? _____

DOES THE PATIENT HAVE ANY OF THE FOLLOWING CONDITIONS, ALLERGIES OR DRUG REACTIONS TO:

- | | | | | | |
|---|---|------------------------|---|---|---|
| Y | N | Latex | Y | N | Fainting spells or seizures |
| Y | N | Nickel | Y | N | Sexually Transmitted Disease |
| Y | N | Penicillin/antibiotics | Y | N | Stomach Ulcer/Hyperacidity |
| Y | N | Sulfa Drugs | Y | N | Vision, hearing or speech difficulty |
| Y | N | Local anesthetics | Y | N | Abnormal bleeding/blood transfusión |
| Y | N | Codeine or Narcotics | Y | N | Asthma or hay fever |
| Y | N | Sinus Trouble | Y | N | Thyroid or endocrine problems |
| Y | N | AIDS or HIV infection | Y | N | Tumor (Cancerous or Benign) |
| Y | N | Kidney Trouble | Y | N | Frequent Colds/Sore Throat |
| Y | N | Birth Defects | Y | N | Epilepsy/Neurological disease |
| Y | N | Tuberculosis | Y | N | Blood Disorder/Anemia |
| Y | N | Low Blood Pressure | Y | N | Persistent swollen neck glands |
| Y | N | Diabetes | Y | N | Respiratory problems, emphysema |
| Y | N | Frequent Headaches | Y | N | Bone fractures or trauma to jaw or face |
| Y | N | Persistent Cough | Y | N | Radiation therapy or chemotherapy |
-
- Y N Substance abuse problem (past or present)
- Y N Mental health problem or nervous disorder
- Y N Tonsils/adenoids removed? Age _____
- Y N Is patient's height and weight normal for his/her age?
- Y N Cardiovascular disease (heart trouble, attack, angina, high blood pressure, arteriosclerosis)
- Y N Damaged or artificial heart valves (including heart murmur or rheumatic heart disease)
- Y N Does the patient need pre-medication before dental visits?
- Y N Arthritis or joint problems or artificial joints/limbs
- Y N Does the patient have any disease, condition or problem not listed that you think we should know about? If so, please explain _____