Deborah Manos, DDS, MS, FAGD, PLLC **Patient Information & Medical History**

About Your Child

Name: _____ Date: _____
Address: _____ Date of Birth: _____
_____ Home Ph #: _____
E-Mail: _____ Cell Ph #: _____

About You

Name: _____ Date: _____
Address: _____ Date of Birth: _____
_____ Home Ph #: _____
E-Mail: _____ Cell Ph #: _____
Relationship to Child: _____ Work Ph #: _____
How would you like us to confirm your child's appointments? SS #: _____
□ postcard □ e-mail □ phone call

Medical History

Child's Physician: _____ Ph #: _____
Date of Last Visit: _____ Has your child had any serious illnesses or operations? □ Yes □ No
If yes, describe: _____
Are your child's immunizations current? □ Yes □ No

Does your child have or have they ever had any of the following medical conditions or problems?

□ Anemia	□ Asthma	□ Atopic (allergy prone)	□ Blood disease	□ Cancer
□ Chicken Pox	□ Cough, Persistent	□ Diabetes	□ Epilepsy / Seizures	□ Fainting
□ Food allergies	□ Headaches	□ Hearing Impairment	□ Heart Murmur	□ Heart Problems
□ HIV / AIDS	□ Hyperactive	□ Hemophilia	□ Kidney Disease	
□ Liver Disease	□ Respiratory Disease	□ Rheumatic/Scarlet Fever	□ Sinus Problems	□ Skin Rash
□ Spina Bifida	□ Thyroid Disease	□ Tonsilitis	□Tuberculosis	

□ Other: _____

Allergies & Medications

Is your child currently taking any medication(s) including prescription & non-prescription medicine? □ Yes □ No
If Yes, what medications? _____
_____
_____

Does your child take antibiotic premedication? □ Yes □ No

Is your child allergic to or have they had any reactions to any of the following?

Latex	□ Yes □ No	Sulfa Drugs	□ Yes □ No
Sedatives	□ Yes □ No	Iodine	□ Yes □ No
Aspirin	□ Yes □ No	Codeine	□ Yes □ No
Anesthetic	□ Yes □ No	Nitrous	□ Yes □ No

Penicillin or other antibiotics □ Yes □ No
If yes, what type? _____
Other allergies not listed above: _____
_____

Insurance Benefits: Have you had any change to your dental benefits since your child's last visit? □ Yes □ No

In the event of an emergency, who should we contact?
Name: _____
Relation: _____
Home #: _____
Cell/Wk #: _____

I certify that I have read & understand this information & that the questions have been answered accurately. I understand that providing incorrect information can be dangerous to my child's health.

Signature: _____

Date: _____