

Frederick Pediatric Dental Associates

Medical History Update Form

Dear Parents/Guardians,

Please take a moment to complete this demographic and health history report to allow us to provide the best care to your child.

Patient Name: _____ D.O.B. _____

Address Change: Yes No If Yes, _____

Cell Phone Change: Yes No If Yes, _____

E-Mail Change: Yes No If Yes, _____

New Dental Insurance: Yes No If yes, _____

Has your child seen his/her physician since the last dental visit? Yes No

Has there been any change in medical history since the last visit? Yes No

If Yes, Please list _____

Please list all current medications: _____

Any allergies to food and or medication? Yes No

If Yes, Please list _____

Has your child been in the emergency room since the last visit? Yes No

Please list any other questions or concerns you may have:

Parent/Guardian Signature: _____ Date: _____

Doctor Signature: _____ Date: _____

