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Denton, TX 76210

PLEASE COMPLETE THE FOLLOWING

Child's Name _____ Birthdate _____ Age _____

Address _____ City/zip code _____ Phone/area code _____

Physician _____ Approximate date of last dental visit _____

Name of mother _____ Name of father _____

Who may we thank for referring you to our office? _____

MEDICAL HISTORY - The following information is requested to thoroughly diagnose any relevant conditions and to give you our personal attention.

YES NO

- ___ ___ 1. Are you now, or have you been under a physician's care in the last five years?
___ ___ 2. Are you now taking any medications?
(This includes all over-the-counter drugs and oral contraceptives, as well as prescribed drugs.)
___ ___ 3. Do you have any allergies, or are you sensitive to any drugs such as penicillin, novacaine, aspirin, or codeine?
___ ___ 4. Do you bleed excessively after a cut, wound, or surgery?
___ ___ 5. Are you subject to fainting, dizziness, nervous disorders, convulsions, or epilepsy?
___ ___ 6. Have you ever had any breathing difficulty, such as asthma, emphysema, chronic cough, pneumonia, T.B., or other lung disease?
___ ___ 7. Have you ever had any of the following diseases or conditions:
___ ___ Heart problems/Prosthetic heart valve/Heart valve problems?
___ ___ Rheumatic fever?
___ ___ Hepatitis/ liver or kidney disease?
___ ___ High or low blood pressure?
___ ___ Prosthetic joint?
___ ___ Diabetes?
___ ___ Anemia?
___ ___ Venereal disease?
___ ___ Any other infectious diseases?
___ ___ Tested positive for HIV?

DENTAL HISTORY

1. Please comment about your child's previous dental experience.

2. What is your child's main dental concern?

3. How can we help your child?

4. How do you feel about the appearance of your child's teeth?

Person responsible for account _____ Address/zip _____

Responsible party's Social Security # _____ Driver's License # _____

Name of Dental Insurance (if applicable) _____ Insured's S.S. # _____ Group # _____

Mother's employment _____ Business phone _____

Father's employment _____ Business phone _____

Parent's signature _____ Date _____