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The Road to a Lifetime of Smiles

CONTINUAL HEALTH STATUS FOR YOUR CHILD

____ Please check here if there have not been any changes

Child's Name _____ Age _____

Parent's Name _____ Email: _____

Address _____ City _____ Zip _____

Home Phone _____

Cell Phone _____

Current Insurance Company _____ Phone _____

Employee _____ Group No _____

To assist us in keeping your child's medical history up to date, would you please answer the following questions:

Has your child's medical history changed since your last visit? Yes ___ No ___

If so, why? _____

Is your child taking any medications at the present time? Yes ___ No ___

Is so what and why? _____

Any injury to head or neck in the last 6 months? Yes ___ No ___

If so what? (ie: front teeth) _____

Have any dental problems developed or are developing that you are aware of? Yes ___ No ___

If so what? _____

Are there any other dental or health related concerns or problems? _____

Date: _____

Signature _____