EXPEDITION
PEDIATRIC DENTISTRY

Pediatric Dental History

Name of Child: _____ Date of Birth: _____

What is your primary dental concerns about your child? _____

_____

Has your child ever been to the dentist? ☐ Yes ☐ No

Date of last x-rays (if taken): _____

Name of dentist and date of visit: _____

Has your child ever had any complications following dental treatment? ☐ Yes ☐ No

If yes, explain: _____

Does your child suck a finger, thumb, or pacifier? ☐ Yes ☐ No

Does your child clench or grind his/her teeth? ☐ Yes ☐ No

Is your child having problems with any of the following? (Please check all that apply)

☐ Cavities	☐ Dental abscess	☐ Sensitivity	☐ Facial swelling	☐ TMJ sounds
☐ Toothache	☐ Mouth ulcers	☐ Gum bleeding	☐ Dental trauma	☐ TMJ pain

Was your child:

Breast fed? ☐ Yes ☐ No If yes, at what age did he/she stop? _____

Bottle fed? ☐ Yes ☐ No If yes, at what age did he/she stop? _____

Does your child sleep with a bottle or nurse all night? ☐ Yes ☐ No

Please describe dietary habits, including meals, snacks, drinks, etc. _____

_____

_____

Is your child drinking fluoridated water? ☐ Yes ☐ No ☐ Unsure

Is your child taking fluoride supplements? ☐ Yes ☐ No

Does your child use fluoride toothpaste? ☐ Yes ☐ No

Does your child brush his/her teeth daily? ☐ Yes ☐ No Who brushes? _____

Does your child floss daily? ☐ Yes ☐ No

Has your child had any injury to the teeth, jaws, or face? ☐ Yes ☐ No

If yes, explain: _____

Has your child inherited any family dental characteristics? _____

Has your child ever had: ☐ Nitrous Oxide (“laughing gas”) ☐ Sedation ☐ General Anesthesia

If yes to any, explain: _____

At times, some children may cry, yell, or move around during dental treatment and regular check-up. Do you have any questions or concerns about this? _____

Please indicate any other dental concerns you might have: _____

_____

How did you hear about our office?

☐ Dentist referral – Please provide us with the office and dentist name: _____

☐ Patient/Parent referral – Please provide us with the name so we can thank them! _____

☐ Insurance website ☐ Billboard ☐ Kids Directory ☐ Google ☐ Facebook

☐ Website ☐ Other: _____

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