

MEDICAL HISTORY UPDATE

Date: _____

Park Avenue Pediatric Dentistry
870 Park Avenue
New York, NY 10075
Phone: (212)-879-6518
Fax: (212)-879-6578

Child's Name _____ DOB _____

Address _____

Phone _____ Cell# _____

Pediatrician _____

Yes No

Has there been any change in your child's health in the last six months?
If yes, please explain _____

Is your child in good health? -----

Does your child have any allergies to medicine, latex or food? -----

Is yes, please explain _____

Does your child have a history of diabetes, asthma, kidney or liver difficulties
and/or bleeding? -----

If yes, please explain _____

Has your child ever had a heart murmur, rheumatic fever or heart trouble? --

Has your child had any accidents involving head, face or teeth since the last visit?

Please list any medications your child is currently taking _____

Has your child recently been diagnosed with any disabilities or behavior issues?

Does your child have any dental problems that you are presently concerned about?

If yes, please explain _____

Who will be accompanying your child? _____

Please be available on your cell phone during your child's visit.

Parent's cell _____

Signature: _____

Relationship: _____

Please be advised a medical update needs to be filled out by a parent or guardian each checkup visit. If you will not be present with your child on a future checkup visit, please call so it can be filled out over the phone/via email or you child may not be able to be seen.