EATON PEDIATRIC DENTISTRY
DR. JONATHAN EATON

Patient Information and Medical History

PATIENT NAME: ______________________ DATE OF BIRTH: ____________ ❑MALE ❑FEMALE

NAME CHILD GOES BY: ______________________ HOME PHONE: ______________________

ADDRESS: ____ ZIP CODE: ____________

PARENT EMAIL ADDRESS: ____

PARENT #1 NAME: ______________________ MOBILE PHONE: ______________________

EMPLOYER: ______________________ OCCUPATION: ______________________

PARENT #2 NAME: ______________________ MOBILE PHONE: ______________________

EMPLOYER: ______________________ OCCUPATION: ______________________

MARITAL STATUS OF PARENTS: ❑SINGLE ❑MARRIED ❑WIDOWED ❑SEPARATED ❑DIVORCED ❑PARTNERED

PARENT'S DENTIST: ______________________ CHILD'S PEDIATRICIAN: ______________________

CHILD'S SCHOOL: ______________________ WHOM MAY WE THANK FOR REFERRING YOU TO OUR OFFICE?: ______________________

HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING CONDITIONS? IF YES, PLEASE CHECK BOX.

❑ADD/ADHD	❑DIABETES	❑RESPIRATORY PROBLEM
❑ANEMIA	❑EPILEPSY / SEIZURES	❑RHEUMATIC FEVER
❑ASTHMA	❑GASTRIC REFLUX	❑SINUS PROBLEM
❑AUTISM	❑HEART DISEASE OR ARRHYTHMIA	❑STOMACH PROBLEM
❑BEHAVIORAL DISORDER	❑HEART MURMUR	❑PENICILLIN ALLERGY
❑BLOOD DISEASE	❑HEMOPHILIA / BLEEDING DISORDER	❑LATEX ALLERGY
❑BONE DISORDER	❑KIDNEY OR LIVER DISEASE	❑OTHER ALLERGY: ____________
❑DEVELOPMENTAL DELAY	❑PHYSICAL DISABILITY	❑OTHER MEDICAL CONDITION: ____________

• IS YOUR CHILD UNDER THE CARE OF A PHYSICIAN FOR OTHER THAN ROUTINE CARE? IF YES, PLEASE EXPLAIN:

____

• PLEASE LIST ALL MEDICATIONS THAT YOUR CHILD IS TAKING AT THIS TIME:

____

• HAS YOUR CHILD HAD AN UNFAVORABLE DENTAL EXPERIENCE? IF YES, PLEASE EXPLAIN:

____

• DOES YOUR CHILD HAVE A HISTORY OF ❑THUMBSUCKING, ❑FINGERSUCKING, OR ❑PACIFIER USE? IF YES, PLEASE CHECK BOX.

• DATE OF CHILD'S LAST DENTAL VISIT: ______________________

The above information is true and correct to the best of my knowledge.
I agree to inform this office immediately of any changes in my child's medical status.

______________________________ ____________
Signature of Parent or Legal Guardian Date