

Do you consider your child to be ☐ advanced in the learning process
☐ progressing normally
☐ slow in the learning process

Was your child ☐ breast fed ☐ bottle fed at what age was it stopped? _____

Dental History

- ☐ Yes ☐ No Has your child ever been to the dentist? Date of last xrays (if taken) _____
 Name of dentist and date _____
- ☐ Yes ☐ No Has your child experienced any unfavorable reaction from previous dental care? Explain _____
- ☐ Yes ☐ No Does your child suck a finger, thumb or pacifier?
- ☐ Yes ☐ No Does your child have pain with chewing, yawning, or wide opening?
- ☐ Yes ☐ No Does your child's jaw make noise and is pain associated with the sounds?

Please check if your child is having problems with any of the following:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Cavities | <input type="checkbox"/> Toothache | <input type="checkbox"/> Teeth Sensitive |
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Gum Infections | <input type="checkbox"/> Color of teeth |
| <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Jaw Sounds | <input type="checkbox"/> Other |

Comments: _____

Fluoride History

- ☐ Yes ☐ No Is your home water supply fluoridated?
- ☐ Yes ☐ No Does your child use a fluoride toothpaste?
- ☐ Yes ☐ No Do you give your child any other form of fluoride? What? _____
- ☐ Yes ☐ No Does your child participate in a school fluoride rinse program?

Office Use Only
<input type="checkbox"/> FI- City Water
<input type="checkbox"/> Pvt. Well
<input type="checkbox"/> Public Well _____ppm
<input type="checkbox"/> H ₂ O test kit given

Consent for Dental Treatment

I request and authorize Dr. Conn to examine, clean, and provide dental treatment on my child's teeth. I further request and authorize the taking of dental x-rays as may be considered necessary by Dr. Conn to diagnose and/or treat my child's dental problem. I will allow photographs to be taken of my child or child's teeth for diagnostic or educational purposes. I understand that dental treatment for children includes efforts to guide their behavior by helping them to understand the treatment in terms appropriate for their age. Dr. Conn will provide an environment likely to help children learn to cooperate during treatment by using praise, explanation and demonstration of procedures and instruments, and using variable voice tone. I will be responsible for any charges incurred on this child for dental treatment.

Signature _____ Date _____

