



Children's Dental History

Date _____ Name _____ Nickname _____

Age _____ Date of Birth _____ Parent Here Today _____

Please estimate your child's daily exposure to the following items:

Soda _____ Cereal Bars/Granola Bars _____ Dried Fruit _____

Juice _____ Gummies/Gummy Vitamins _____ Cookies/Crackers _____

Sports Drinks _____ Fruit Snacks/Fruit Roll-Ups _____

Was your child: _____ Breast Fed What age did they stop _____

_____ Bottle Fed What age did they stop _____

_____ Sleep with or go to bed with a milk bottle?

_____ Yes _____ No Has your child ever been to the dentist? Date of Last X-Rays _____

Name of Dentist and Date _____

_____ Yes _____ No Has your child had any dental treatment? _____

_____ Yes _____ No Has your child experienced any unfavorable reaction or anxiety to previous dental care?

_____ Yes _____ No Has your child ever used nitrous oxide (laughing gas) or sedation for dental treatment?

If yes, did they tolerate it well and at what age? _____

Does your child suck a finger, thumb or pacifier? _____

Does your child have pain with chewing, or going to sleep at night? _____

Has your child had any trauma to their teeth? _____

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

_____ Cavities _____ Toothache _____ Sensitive Teeth _____ Broken Teeth

_____ Trauma to Teeth _____ Gum Infection _____ Color of Teeth _____ Other _____

_____ Yes _____ No Has your child been treated or evaluated by an orthodontist?

Name of Orthodontist _____

_____ Yes _____ No Is your home water supply fluoridated?

_____ Yes _____ No Does your child use fluoride toothpaste or a fluoride mouth rinse?

_____ Yes _____ No Does your child wear retainers or sports guard?

_____ Yes _____ No Is your child or a direct family member congenitally missing teeth?

_____ Yes _____ No Does your child brush twice daily? (With parent help? _____ Yes _____ No)

_____ Yes _____ No Does your child floss once per day? (With parent help? _____ Yes _____ No)

_____ Yes _____ No Would you like your child or parent to have instructions on how to clean their teeth?

What is your child's favorite character or favorite sport or activity? _____