

WELCOME

Allen K. Langford, DDS, MDS, PC

Patient Name: _____

Please describe your main concerns with the patient's teeth and any information your dentist has given you about possible treatments: _____

➤ DENTAL HISTORY

Please rate the patient's oral health: Good Fair Poor
Yes / No Does the patient have regular dental check-ups? When was the last check-up? _____
Yes / No Does the patient clench/grind his/her teeth?
Yes / No Has the patient ever had any pain/tenderness in his/her jaw joint (TMJ)?
Yes / No Does/did the patient have any of the following habits?
 thumb sucking lip biting speech difficulty nail biting mouth breathing
Yes / No Has the patient had a blow or trauma to jaw or teeth?
 Explain: _____
Yes / No Has any member of your family had braces?
 Name and relationship: _____

➤ MEDICAL HISTORY

Please rate the patient's overall health: Good Fair Poor
Yes / No Is the patient taking any prescription or over-the-counter drugs?
 List: _____
Yes / No Is the patient allergic to any drugs or other substances?
 List: _____
Yes / No Has the patient ever experienced the following medical conditions?
 _Abnormal bleeding _Aids _Anemia
 _Asthma _Cancer _Chicken Pox
 _Congenital Heart Defect _Convulsions _Diabetes
 _Epilepsy _Heart Murmur _Hemophilia
 _Hepatitis _High Blood Pressure _HIV+
 _Kidney problems _Low Blood Pressure _Rheumatic Fever
 _Skin rashes _Tuberculosis (TB) _Tonsillitis
Yes / No Are there any other medical conditions relating to your child?
 Explain: _____
Yes / No Has your physician told you that the patient needs to be premedicated with
 an antibiotic before dental procedures? If yes, what is the medical
 condition and what is the antibiotic? _____

Emergency Information:

Who should we contact in case of an emergency? _____ Phone #: _____

Parent/Guardian Information:

Name: _____ Relation to Patient: _____
Employer: _____ Employer phone #: _____
Name: _____ Relation to Patient: _____
Employer: _____ Employer phone #: _____

Parent Legal Guardian: I understand that this information that I have given is correct to the best of my knowledge, that it will be held in the strictest confidence, and that it is my responsibility to inform this office of any changes.

Signature: _____ Date: _____