

HEALTH HISTORY UPDATE

CHILD'S NAME: _____ DATE: _____

Have There Been any Changes in the Medical History Since the Last Visit? YES NO

- | | YES | NO |
|---|-------|-------|
| 1. Is there anything about your child's teeth, mouth or jaw that concerns you? _____ | _____ | _____ |
| 2. Does your child have a medical condition (heart murmur, heart defect, etc.) that requires antibiotics?
If so, has your child taken the prescribed medication?
What? _____ How Much? _____ What Time? _____ | _____ | _____ |
| 3. Is your child allergic to any medications? What? _____ | _____ | _____ |
| 4. Has your child ever been treated, or is currently being treated, for osteoporosis, metastatic cancer of bone or hypercalcemia? | _____ | _____ |
| 5. Has your child ever taken alendronate (Fosamax)? pamidronate (Aredia IV)? zoledronate, zoledronic acid (Zometa)? etidronate (Didronel)? What? _____ | _____ | _____ |
| 6. Is your child allergic to vinyl, metals, acrylics or dyes? _____ | _____ | _____ |
| 7. Is your child allergic to latex (balloons, rubber products)? _____ | _____ | _____ |
| 8. Is your child presently under the care of a physician for any medical reasons? What? _____ | _____ | _____ |
| 9. Is your child taking any medication? What? _____ | _____ | _____ |
| 10. Are you on well water/or bottled water without fluoride? _____ | _____ | _____ |

Signature of Parent or Guardian _____ Doctor Initial _____

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