

PLEASE PRINT

Regina L. Lewis, D.D.S.

11455 Fallbrook Dr., #202
Houston, Texas 77065
(713) 890-7475

DENTISTRY FOR CHILDREN

We welcome your child into our practice and we will try to make the visit very pleasant. Please complete this form because this information is of great value in aiding us to better understand your child.

CHILD'S NAME _____ DATE OF BIRTH _____

CHILD'S NICKNAME _____ SCHOOL _____

HAVE WE SEEN ANY OTHER CHILDREN IN YOUR FAMILY? -- NAMES _____

CHILD'S PHYSICIAN _____ PHYSICIAN PHONE NO. _____

NAMES OF SPECIALISTS FOR YOUR CHILD _____

FAMILY DENTIST _____ FAMILY DOCTOR _____

WHOM MAY WE THANK FOR REFERRING YOU? _____

IN CASE OF EMERGENCY, NAME AND PHONE OF RELATIVE OR FRIEND _____

PURPOSE OF THIS VISIT _____

IS YOUR CHILD IN GOOD HEALTH? _____ YES _____ NO

IS YOUR CHILD SEEN ROUTINELY BY A PHYSICIAN? _____ YES _____ NO

HAS YOUR CHILD EVER BEEN HOSPITALIZED? _____ YES _____ NO

WHEN AND WHY _____

LIST ANY MEDICATIONS YOUR CHILD IS TAKING _____

EXPLAIN ANY UNFAVORABLE REACTION OR ALLERGY TO DRUGS (INCLUDING ANTIBIOTICS)

AND LOCAL ANESTHETIC _____

HAS YOUR CHILD HAD ANY HISTORY OF _____ CANCER? _____ SEIZURES? _____ BLEEDING DISORDERS?

_____ CEREBRAL PALSY? _____ HEART MURMUR? _____ ALLERGIES? _____ DIABETES?

_____ RHEUMATIC FEVER? _____ KIDNEY DISORDERS? _____ LIVER DISORDERS? _____ ASTHMA?

_____ DEVELOPMENTAL DELAYS OR DISORDERS? _____ AIDS?

HAS YOUR CHILD HAD ANY HISTORY OF _____ THUMBSUCKING? _____ FINGER SUCKING?

_____ PACIFIER? _____ PROLONGED BOTTLE FEEDING?

IS THE HABIT CURRENTLY ACTIVE? _____ YES _____ NO

EXPLAIN AND DATE ANY UNFAVORABLE EXPERIENCES IN A DENTAL OR MEDICAL OFFICE

EXPLAIN IF YOUR CHILD IS IN PAIN NOW. _____

