

Patient's name: _____ Date: _____ Chart# _____

ETHNIC ORIGIN OF MOTHER: (Circle only one to be used for program funding information) Chamorro, Filipino, Caucasian, African American, Chinese, Japanese, Vietnamese, Korean, Chuukese, Kosrean, Marshallese, Palauan, Pohnpean, Yapese, Other _____

For Dental Use Only:

MEDICAL ALERT	ALLERGIES	MEDICATIONS

A. CHILD'S HEALTH HISTORY

Circle Answer

1. Is your child in good health?..... Yes No
2. Is your child allergic to anything?..... Yes No
3. Is your child receiving any medical treatment now?..... Yes No
4. Is your child taking any medication now?..... Yes No
5. Has a physician ever informed you that your child has
 - a. Asthma..... Yes No
 - b. Heart murmur..... Yes No
 - c. Heart problem..... Yes No
 - d. High blood pressure..... Yes No
 - e. Diabetes..... Yes No
 - f. Lung disease..... Yes No
 - g. Rheumatic fever..... Yes No
 - h. Any blood disease..... Yes No
 - i. Any bleeding tendency..... Yes No
 - j. Kidney disease..... Yes No
 - k. Glaucoma..... Yes No
 - l. Tuberculosis..... Yes No
 - m. Hepatitis or liver disease..... Yes No
 - n. Epilepsy (Seizures)..... Yes No
 - o. Cancer..... Yes No
 - p. Any other medical problems or treatment not listed..... Yes No
6. Has your child ever been hospitalized?..... Yes No
7. Has your child ever had a fractured jaw?..... Yes No
8. Is your daughter pregnant or nursing?..... Yes No
9. Is your daughter taking birth control pills?..... Yes No

Please explain all "yes" answers: _____