

Caldwell and Steinbring, D.D.S.

Dentistry for Children

**MEDICAL HISTORY UPDATE**

DATE \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

1. Have there been **ANY** changes in the child's medical history, new allergic reactions, heart conditions, or recent surgeries since their last visit? \_\_\_\_\_  
\_\_\_\_\_

2. Please list **ALL** medications the patient is currently taking: \_\_\_\_\_  
\_\_\_\_\_

3. Has the patient or a family member had any previous complications with anesthesia?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe. \_\_\_\_\_

Today, your child's appointment will consist of a cleaning, fluoride foam treatment, any necessary x-rays, and an exam by the Doctor.

Parent or Guardian Signature: \_\_\_\_\_

THANKS!

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