TRUECARE DENTISTRY
Patrick Lawrence DDS & Shanup Gundecha DMD
431 Keisler Drive, Cary, NC 27518 | 919-859-1330

Child's Dental History

Section Title Goes Here

Child's Name:	Age:
Parent/Guardian:	Child's previous Dentist:
Phone Number:	Most recent dental examination:
Most recent dental x-rays:	
Why did you bring the child to the dentist today?	

Current dental health is:
❑ Good ❑ Fair ❑ Poor

Please answer yes or no to the following:

Question			Question		
Does the child need to be premedicated before dental treatment?	❑ Yes	❑ No	Is the child currently in pain?	❑ Yes	❑ No
Has the child ever had a serious / diffcult Problem associated with any previous dental work?	❑ Yes	❑ No	Has the child ever experienced pain / discomfort / in his / her jaw Joint (TMJ / TMD)?	❑ Yes	❑ No
Floss daily?	❑ Yes	❑ No	Brush daily?	❑ Yes	❑ No
Mouth Rinse?	❑ Yes	❑ No	Does the child's gums ever bleed?	❑ Yes	❑ No
Are his / her teeth sensitive to heat or cold?	❑ Yes	❑ No	Are his / her teeth sensitive to sweets?	❑ Yes	❑ No
Are his / her teeth sensitive to chewing?	❑ Yes	❑ No	Does the child play sports?	❑ Yes	❑ No
Is the child's water Fluoridated?	❑ Yes	❑ No	Has the child lost any teeth accidentally?	❑ Yes	❑ No

If Yes, how?

Does / did the child have any of the following habits?

Habit			Habit		
Lip Sucking / Biting	❑ Yes	❑ No	Nail Biting	❑ Yes	❑ No
Tongue / Cheek Biter	❑ Yes	❑ No	Clenching / Grinding Teeth	❑ Yes	❑ No
Thumb Sucking	❑ Yes	❑ No	Mouth Breather	❑ Yes	❑ No
Speech Problems	❑ Yes	❑ No	Other	❑ Yes	❑ No

If other, please explain:

PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN THE CHILD'S MEDICAL HISTORY OR ANY MEDICATIONS THE CHILD MAY BE TAKING

Parent/Guardian Signature:

Date: