Child's medical history form: Please fill out and sign at the bottom.

Child's name ______________________________
Nickname ___________ DOB ____/___/_____
SS#_______________________________ age_____
Special interests___________________________
____
Home Address_______________________________
____
Home Phone ______________________________
Last dental visit_____________________________
Child's physician____________________________
Physician,s #___________________________

Your name ______________________________
DOB___/___/____ SS#______________________
Relationship to child__________________________
Home address_______________________________
____
Hm ph#______________ Wk ph#_____________
Occupation_________________________________
Employer___________________________________
Other contact ph#s__________________________
____
Referred by_________________________________

Does your child have any dental problems___________________ ____ Please rate your child's dental health____________________ Does your child brush their teeth daily__________________ Please rate your child's medical health__________________ List any drug allergies____________________________ ____ List current medications your child is taking______________ ____ ____ ____	Has your child ever had any of the following: Y / N – Any Hospital Stays Y / N – Any Operations Y / N – Bleeding Problems Y / N – Cancer Y / N – Convulsions / Epilepsy Y / N – Diabetes Y / N – Hearing Impairment Y / N – Heart Murmur Y / N – Heart Problem of Any Kind Y / N – Hemophilia Y / N – HIV+ / AIDS Y / N – Hyperactive Y / N – Rheumatic Fever / Scarlet Fever Other_______________________________________ ____

This information is true to the best of my knowledge:
I authorize Dr Johnson to perform the necessary dental services my child may need.

Signed________________________________ parent/guardian date________________

Emergency Contact_____________________ relationship____________________ phone_______________

David A Johnson, DDS 505 South Drive #9, Mountain View, CA 94040 650-967-1075