Guy L. Fox, D.D.S.
Amy L. Fox, D.D.S.

Your Child's Dental Health History

Name: ______________________ Date: ______________

Age: __________ Weight: ______________

1. Has your child ever been to a dental office before? ☐ YES ☐ NO
   What kind of experience was it for him/her? ______________________
2. What comments or fears does he/she have about dentistry? ______________________
3. What comments or fears do you have about dentistry? ______________________
4. Do you brush your child's teeth? ☐ YES ☐ NO
   When? ______________________
   Do you floss them? ☐ YES ☐ NO
5. Do you have fluoride in your drinking water? ☐ YES ☐ NO
   Do you have fluoride in your toothpaste? ☐ YES ☐ NO
   Do you use any supplement fluoride at home? ☐ YES ☐ NO
6. Does your child eat between meals? ☐ YES ☐ NO
   What type of snacks does he/she prefer? ______________________
7. Does your child grind his/her teeth? ☐ YES ☐ NO
   Night or Day? ______________________
8. Does your child suck his/her thumb, finger or use a pacifier? ☐ YES ☐ NO
   Which one? ______________________
9. What is your child's favorite:
   A. Animal ______________
   B. Toy ______________
   C. Thing to do ______________
   D. T.V. Program ______________
10. Has anyone ever told you that your child had a "tongue thrust" when they swallowed? ☐ YES ☐ NO
11. Do your child's teeth look straight to you? ☐ YES ☐ NO
12. Was your child slow to lose his/her baby teeth? ☐ YES ☐ NO
    Were his/her adult teeth slow to erupt? ☐ YES ☐ NO
13. Has your child ever received any trauma to his/her teeth? ☐ YES ☐ NO
    How and when? ______________________
14. Has your child ever had an unusual dental problem? ☐ YES ☐ NO
    If yes, please explain: ______________________
15. Are there any concerns you have or questions you would like me to answer?
    ____
16. Does your child have any unusual fears? ☐ YES ☐ NO
    If yes, please explain: ______________________
17. Has your child ever had nitrous oxide? ☐ YES ☐ NO
18. Has your child ever had local dental anesthesia? ☐ YES ☐ NO
19. Was there any medical problem you listed on the medical history form that you would like to explain in more detail?
    ____
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