

CHERYL M. LEE, DDS, MS

PEDIATRIC & ADOLESCENT DENTISTRY

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PATIENT NAME: _____

MEDICAL INFORMATION

Child's pediatrician _____ Phone _____

Date of last physical examination _____ Is your child under a doctor's care now? _____

For what reason? _____

Is your child taking any medication or drugs? _____ What kind? _____

For what reason? _____

Has your child ever been hospitalized? _____ When? _____

For what reason? _____

Is your child allergic to any medications? _____ What kind? _____

Describe the reaction _____

Does your child have an allergic reaction to food? _____ latex? _____ Seasonal allergy? _____

Are you child's immunizations up-to-date? _____

Has your child had a history or difficulty with any of the followings:

YES	NO		YES	NO		YES	NO	
___	___	Allergies to Medication	___	___	Chronic Adenoid / Tonsils Infection	___	___	Hepatitis
___	___	Heart Murmur / Heart Problems	___	___	Chronic Ear infection	___	___	Tuberculosis
___	___	Rheumatic Fever	___	___	Hearing Difficulties	___	___	AIDS / HIV
___	___	Immune Disorder	___	___	Motion sickness	___	___	Cystic Fibrosis
___	___	Bleeding Disorder	___	___	Speech Problems	___	___	Anemia
___	___	Diabetes	___	___	Asthma	___	___	Cleft Lip / Cleft Palate
___	___	Seizure / Convulsion	___	___	Lungs Problems	___	___	Psychiatric Problems
___	___	Fainting or Dizziness	___	___	Kidney Problems	___	___	Emotional Disturbance
___	___	Brain injury	___	___	Endocrinal Problems	___	___	Learning Disability
___	___	Cerebral palsy	___	___	Liver Problems	___	___	Hyperactivity / ADHD
___	___	Developmental Delay	___	___	Bladder Problems	___	___	Drug addiction
___	___	Mental Retardation	___	___	Bone / Joint Problems	___	___	Cancer / Tumors
___	___	Birth Defect	___	___	Premature Birth	___	___	Others

Comments _____

I guarantee the information I provided for my child's medical and dental histories was based on the best of my knowledge.

I understand that it is my responsibility to inform Dr. Lee of any changes to the information I have provided.

Parent's/Guardian's Signature

Print Name

Date

Reviewed Dentist's Signature

Date