

## Children's Dental History

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

To make sure we know the latest about your child's dental care needs, please fill out this checklist. Together we can help avoid dental problems and keep their mouths healthy!

Are you or your child concerned about:

Cavities \_\_\_\_\_ Gum disease \_\_\_\_\_ Crowded front teeth \_\_\_\_\_

Calculus/tartar build up \_\_\_\_\_ Improving the appearance of your child's teeth \_\_\_\_\_

---

Yes      No

Has there been any change in your child's diet recently? \_\_\_\_\_

Do they eat sticky food snacks such as fruit roll – ups,  
gummy bears, caramels, raisins, etc.? \_\_\_\_\_

---

Are you interested in any information regarding:

Bleaching \_\_\_\_\_ Veneers \_\_\_\_\_ Bonding \_\_\_\_\_ Orthodontics \_\_\_\_\_

Sealants \_\_\_\_\_ Replacement of missing teeth \_\_\_\_\_

As a parent, are you concerned about your own dental care needs? \_\_\_\_\_

Do you visit your dentist regularly? \_\_\_\_\_

Thank you for providing this information so that we can better direct your child's dental health care!