Freeport Kids Dental & Orthodontics

56 Atlantic Ave., Freeport NY 11520 Phone: 516-600-9145

**********MEDICAL HISTORY**********

Patient Name:_____
Date of birth:_____ Sex: ___ F ___M
Parent or guardian Name:_____
Address: _____
City:_____State:_____ Zip Code: _____
Phone Number: _____ Phone Number #2: _____
Email :_____
Emergency contact:_____ Phone Number: _____

_____

DO YOU HAVE OR HAVE HAD ANY OF THE FOLLOWING?

___ Anemia
___ Asthma
___ Autism
___ Attention Deficit and Hyperactivity (ADHA)
___ Blood Transfusion
___ Cancer
___ Cancer Treatment
___ Down Syndrome
___ Diabetes
___ Epilepsy
___ HIV Positive
___ Hepatitis
___ HIV Positive
___ Heart Disease
___ High Blood Pressure
___ Osteoporosis
___ Prolonged Bleeding
___ Rheumatic Fever

Please list other:
_____
_____

_____

Allergies

___ Aspirin
___ Codeine
___ Local Anesthesia
___ Latex
___Other: _____
Please explain:_____

Please list all current medications: _____
_____

_____
Signature of parent or Legal Guardian

_____
Date