

Kevin T. Larson D.M.D.

9370 SW Greenburg Rd Grant Building, North, Suite D
Portland, Oregon 97223 503-245-6441

Child Medical History

Name of child's physician Phone Date of last visit

Does your child have any allergies to medications? Are there other allergies: latex, food, pollen, other? Any reaction to local anesthetic?

Yes No Yes No Yes No

If yes, please list medication and reaction

Has your child had any serious illness or operation? Yes No

If yes, please explain:

Has your child ever been hospitalized? Yes No

If yes, when and why?

Does your child have, or has your child ever had any of the following? Check all that apply:

EIADD/ADHD	Cancer	Hearing Impairment	Liver Disease
AIDS / HIV Positive	Developmental Delay	Heart Murmur	Neurological Disorder
Anemia	Diabetes	Heart Problems	Psychiatric Care
Asthma	Digestive Problems	Describe	Tobacco Habit
Autism Bleeding Disorder	Epilepsy or Seizures		Tuberculosis
Disorder	Fainting	Hemophilia	Scarlet/Rheumatic Fever
Breathing/Sleep Disorder	GERD or Reflux	Kidney Problems	

Any other medical conditions?

Does your child require an antibiotic prior to dental treatment? Yes No

Female patient: Are you pregnant? Yes No Date Due

Emergency Contact Phone Relationship

List all medications your child is taking:

By signing this form, I acknowledge that the information provided is true and accurate to the best of my knowledge.

Signer's full name Relationship to patient

Signature Date