

**LIBERTY DENTAL ASSOCIATES**  
**Dr. Glenn E. Casteel**  
**1251 Nilles Road Suite 13 Fairfield, Ohio 45014**  
**PEDIATRIC DENTISTRY RECALL**  
**PATIENT INFORMATION WORKSHEET**

To be completed by parent/legal guardian at each recall appointment. Thank you for your cooperation.

CHILD'S NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

ADDRESS & PHONE # (Only if changed since last dental visit): \_\_\_\_\_

*PLEASE ANSWER/ADDRESS EACH OF THE FOLLOWING:*

- |   |     |    |
|---|-----|----|
| 1. Has your child's health status changed since their last dental appointment at this office?<br>If yes, please explain: _____<br>_____   | YES | NO |
| 2. Is your child taking any medications at this time?<br>If yes, please list what medicines and what they are for: _____<br>_____   | YES | NO |
| 3. Is your child allergic to anything (including medicines)?<br>If yes, please list allergies: _____<br>_____   | YES | NO |
| 4. Is any medical treatment planned for your child such as surgery, medical testing,<br>medication changes, etc.? If yes, what: _____<br>_____  | YES | NO |
| 5. Has your child had any dental problems since their last dental visit to this office?<br>If yes, please explain: _____<br>_____   | YES | NO |
| 6. Does your child have any dental problems that you are presently concerned about?<br>If so, explain: _____<br>_____   | YES | NO |
| 7. Do you believe your child's home care (toothbrushing, flossing, mouth-rinsing) has<br>been adequate?   | YES | NO |
| 8. Do you examine your child's teeth and help them clean any areas they might have<br>missed after they have finished?  | YES | NO |
| 9. Is your child participating in a fluoride mouth rinse program at their school?   | YES | NO |
| 10. Do you live in a non-fluoridated water area; have your child drink bottled or filtered water;<br>or does your child drink less than two glasses of water (in a fluoridated area) per day? | YES | NO |
| 11. Do you have any suggestions or comments for our office concerning care, treatment,<br>or any aspect related to our dental team serving your needs? If so, please list: _____<br>_____     | YES | NO |

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