

LIBERTY DENTAL ASSOCIATES

**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?
If yes, please explain: _____
_____ | YES | NO |
| 2. Is your child taking any medications at this time?
If yes, please list what medicines and what they are for: _____
_____ | YES | NO |
| 3. Is your child allergic to anything (including medicines)?
If yes, please list allergies: _____
_____ | YES | NO |
| 4. Is any medical treatment planned for your child such as surgery, medical testing,
medication changes, etc.? If yes, what: _____
_____ | YES | NO |
| 5. Has your child had any dental problems since their last dental visit to this office?
If yes, please explain: _____
_____ | YES | NO |
| 6. Does your child have any dental problems that you are presently concerned about?
If so, explain: _____
_____ | YES | NO |
| 7. Do you believe your child's home care (toothbrushing, flossing, mouth-rinsing) has
been adequate? | YES | NO |
| 8. Do you examine your child's teeth and help them clean any areas they might have
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;
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,
or any aspect related to our dental team serving your needs? If so, please list: _____
_____ | YES | NO |

Date: _____ Signature: _____