



# Pediatric DENTISTRY



Dentofacial Associates, PA

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## Medical History

### History of Pregnancy

Complication during pregnancy:  none  not remember  yes, What? \_\_\_\_\_

Medications during pregnancy:  none  not remember  yes, Which? \_\_\_\_\_

Childbirth:  I have no information  Full term  Premature  Late  Vaginal  Cesarean

Tongs ("forceps")

Weight at birth: \_\_\_\_\_ lbs  I have no information  Normal weight  Underweight

Overweight

### Child Medical History:

Current weight? \_\_\_\_\_ lbs

Crawls:  no  yes, When? \_\_\_\_\_ Walk:  no  yes, When? \_\_\_\_\_

Under medical treatment  no  yes, What? \_\_\_\_\_

Allergies:  none  food \_\_\_\_\_  medication \_\_\_\_\_

other \_\_\_\_\_

Vaccinations:  no  yes, Date to the last shot? \_\_\_\_\_

Medical history: (patient's family) \_\_\_\_\_

I certify that the medical history is correct.

Unknown medical history.

Vineland, New Jersey, Today \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Parent or guardian signature.