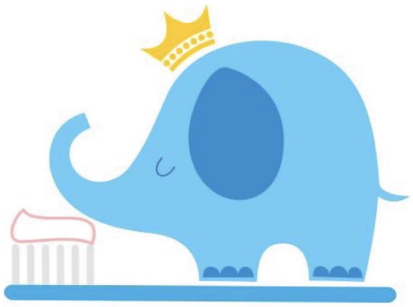

Knightsville Pediatric Dentistry

smile@knightsvillekids.com (843) 771-2003 852 Orangeburg Rd, Summerville, SC 29483

KPD Medical History

Guardian's Last Name: Guardian's First Name:

Relationship:

Child's Last Name: TEST Child's First Name: Test Preferred Name:

Birthdate: 01/01/0001

Name of Pediatrician: City/State:

Emergency Contact: Phone: Relationship:

List all medications or drugs your child is now taking:

Please check here if your child has none of the below conditions: ☐

Please indicate if your child has any of the following:

- ☐ Acid Reflux
- ☐ ADD/ADHD Meds
- ☐ Allergy - Amox/Pen
- ☐ Allergy - Anesthetic
- ☐ Allergy - Aspirin
- ☐ Allergy - Augmentin
- ☐ Allergy - Bactrim
- ☐ Allergy - Cephalosporins
- ☐ Allergy - Clindamycin
- ☐ Allergy - Codeine
- ☐ Allergy - Dairy
- ☐ Allergy - Eggs
- ☐ Allergy - Erythromycin
- ☐ Allergy - Gluten
- ☐ Allergy - Hay Fever
- ☐ Allergy - Latex
- ☐ Allergy - Nuts
- ☐ Allergy - Omnicef
- ☐ Allergy - Other
- ☐ Allergy - Red Dye
- ☐ Allergy - Sulfa
- ☐ Allergy Meds
- ☐ Anemia
- ☐ Anxiety Meds
- ☐ Asthma
- ☐ Autism
- ☐ Bipolar Disorder
- ☐ Blood Disease
- ☐ Cancer
- ☐ Celiac Disease
- ☐ Cerebral Palsy
- ☐ Cleft Lip
- ☐ Cleft Palate
- ☐ Crohn's Disease
- ☐ Developmentally Delayed
- ☐ Diabetes
- ☐ Downs Syndrome
- ☐ Epilepsy
- ☐ Fragile X Syndrome
- ☐ Head Injuries
- ☐ Heart Disease
- ☐ Heart Murmur
- ☐ Hepatitis
- ☐ High Blood Pressure
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Kidney/Liver Disorder
- ☐ Measles/Mumps
- ☐ Mental Disorders
- ☐ Snoring
- ☐ Muscular Dystrophy
- ☐ OCD
- ☐ Pacemaker
- ☐ Pre-Med - Amoxicillin
- ☐ Pre-Med - Clind
- ☐ Pregnancy
- ☐ Pyloric Stenosis
- ☐ Reactive Airway
- ☐ Respiratory Problems
- ☐ Rheumatic Fever
- ☐ RSV
- ☐ Scarlet Fever
- ☐ Seizure Disorder
- ☐ Sensory Issues
- ☐ Shunt
- ☐ Sickle Cell Disease
- ☐ Sickle Cell Trait
- ☐ Sinus Problems
- ☐ Speech/Hearing
- ☐ Spina Bifada
- ☐ SSA/SST
- ☐ Stomach Disorder
- ☐ Thyroid Disease
- ☐ Tuberculosis
- ☐ Tumors
- ☐ Ulcers

Other (Please explain):

Currently under the care of a physician due to a specific condition (if yes, please explain):

Has been seen by a cardiologist and why:
Been admitted to a hospital within the past five years due to a surgery or illness (if yes, please explain):

Does your child see any specialists?
Unusual reaction to dental injections?
Does your child have any of the following habits:

- ☐ Thumb Sucking
- ☐ Finger Sucking
- ☐ Pacifier
- ☐ Nursing/Bottle

By signing below, I agree that all preceeding information is true and correct, to the best of my knowledge. If there is any change in my child's health, I will inform the office at their next dental appointment without fail.

Date: 06/17/2020

Type Name Here:

Sign Here: