



Little Teeth, Big Smiles



### CONTINUAL HEALTH STATUS REPORT

To assist us in keeping your child's medical history up-to-date, please answer the following:

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Age: \_\_\_\_\_y \_\_\_\_\_m D.O.B. \_\_\_\_\_ Weight: \_\_\_\_\_  
Person Accompanying Child \_\_\_\_\_ Relationship \_\_\_\_\_

**PARENTS: If your Address or Insurance Information has changed since your last visit please update on the back of this form! ☺**

Yes  No Has your child seen a physician since your last visit?  
If so, why? \_\_\_\_\_

Yes  No Has your child's medical history changed since your last visit?  
If so, how? \_\_\_\_\_

Yes  No Is your child taking any medication at the present time?  
What and why? \_\_\_\_\_

Yes  No Have there been any injuries to the head and neck in the last six months?  
If so, what? \_\_\_\_\_

Yes  No Are there any dental problems developing that you are aware of?  
If so, what? \_\_\_\_\_

Other dental or medical related concerns or problems: \_\_\_\_\_

Yes  No Do you feel that you and your child are well-treated in our office?  
If not, why? \_\_\_\_\_

What do you like best about your treatment in our office? \_\_\_\_\_

What would you suggest to improve our service in the future? \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

For Office Use Only:

Reviewed by: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_