Pediatric Dental Specialists, PLLC
W. Neil Quinton, D. M. D.
Megan Gant, D.M.D.

1550 N Medical Park Dr.
Greenville, MS 38703

Office: (662)-334-9337
Fax: (662)-334-9897

PATIENT INFORMATION

Child's Name: _____ Date: _____

Age: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

MEDICAL HISTORY UPDATE

Child's Physician: _____ Address: _____ Phone: _____

Date of Last Physical: _____ Results: _____

Is child under the care of a physician now? _____

Is child receiving any medication or drugs? If so, please list: _____

Is there any excessive bleeding when cut? _____

Has child ever been hospitalized? If yes, please explain: _____

Has child ever had surgery? If yes, please list: _____

Is there any allergy to penicillin or other drugs? If yes, please list: _____

Does child have good physical coordination? _____

Are there any emotional issues? If yes, please explain: _____

Any history of problems with local/general anesthesia? _____

DOES CHILD HAVE ANY HISTORY WITH THE FOLLOWING:

☐ ADHD/ ADD	☐ Cerebral Palsy	☐ Hearing	☐ Rheumatic Fever
☐ Anemia	☐ Chronic Sinus	☐ Heart Murmurs	☐ Thyroid
☐ Anxiety/Depression	☐ Convulsions	☐ Kidney	☐ Tuberculosis
☐ Asthma	☐ Diabetes	☐ Liver/Hepatitis	☐ HIV/AIDS
☐ Autism	☐ Down Syndrome	☐ Malignancies	☐ Other, please explain:
☐ Bladder	☐ Epilepsy	☐ Mononucleosis	_____

Is there any other information we should know about your child in order to best treat them? If yes, please explain.

_____

_____

Parent/Guardian Signature: _____ Date: _____