

**Stanley F. Kayes, DDS**  
**PEDIATRIC MEDICAL HISTORY**

Name \_\_\_\_\_

Is your child receiving any medical treatment now? If so, for what? \_\_\_\_\_

List any allergies or drug reactions, including penicillin \_\_\_\_\_

List any medicines your child is taking right now \_\_\_\_\_

Are you on well water? \_\_\_\_\_ If not, do you use bottled water for drinking? \_\_\_\_\_

Has your child had any problems in the past with medical or dental care? \_\_\_\_\_

**Personal History**

Please circle any that apply and explain below if necessary.

Heart Disease	Hepatitis	Cancer	Respiratory Problems
Heart Murmur	Cold Sores	Chronic Sinus Problems	Vision Problems
Diabetes	HIV Positive	Chronic Headaches	Hearing Problems
High Blood Pressure	Tuberculosis	Head or Jaw Injury	Developmental Problems
Rheumatic Fever	Anemia	Canker Sores	Bleeding/Clotting Problems
Artificial Joints	Epilepsy, Seizures	Kidney Disease	Nutritional Problems
Organ Transplants	Attention Deficit	Autism	Cerebral Palsy

Is there any strong family history of periodontal disease? \_\_\_\_\_ cavities? \_\_\_\_\_

Approximate date of child's last physical \_\_\_\_\_

**Comments** \_\_\_\_\_

**PEDIATRIC DENTAL HISTORY**

Last dental exam \_\_\_\_\_ Last dental x rays \_\_\_\_\_

Describe any patient complaints of tooth or gum sensitivity or pain \_\_\_\_\_

Does your child have chronic jaw pain or popping? \_\_\_\_\_ Have you noticed any problems with clenching or grinding of teeth? \_\_\_\_\_

Are fluoride supplements being used now? \_\_\_\_\_ What type? Rinse \_\_\_\_\_ Gel \_\_\_\_\_ Tablets \_\_\_\_\_

**GETTING TO KNOW YOUR CHILD**

What are your child's hobbies and interests? \_\_\_\_\_

Child's school and grade \_\_\_\_\_

Siblings' Names and ages \_\_\_\_\_

Any other information you feel would be helpful to know about your child \_\_\_\_\_

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**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **Stanley F. Kayes, DDS**

## **YOUR CHILD'S DENTAL CARE-WHAT YOU SHOULD KNOW**

- 1. Teeth cleaning, periodontal disease, and health risks:** While periodontal disease (gum disease), is normally associated with adults, you should know that children can develop gum disease. Teen-agers frequently show the beginning stages of the disease. Gum disease is more likely to develop if your child does not get to the dental office regularly for cleanings, because the hardened plaque (called calculus) that is removed during cleanings is what leads to gum problems. You should know that periodontal disease can affect a person's immune system, and is a factor in many serious diseases, including pneumonia and respiratory disease. It can also aggravate other health conditions, and in adults is associated with an increased risk of heart attack and stroke. Your child's teeth should be examined and cleaned every six months; if your child is in braces, has poor oral hygiene, or has gingivitis (the first stage of gum disease) he or she should be cleaned at three month intervals. While we will try to help you remember when your child is due for a cleaning, it is your responsibility to make sure that his or her continuing care is not neglected.
- 2. X-rays:** We will be providing you with a risk assessment of your child for the risks of developing cavities and periodontal disease. If your child is at high risk for between teeth cavities and/or gum disease, we will be taking x-rays of problem areas once a year or more until his or her risk is lowered. We normally take a panoramic x-ray at age five or six to assess for proper tooth development, and around age sixteen to diagnose wisdom teeth problems. Additional panoramic x-rays may be needed for orthodontics or for other reasons.
- 3. Both dental decay and gum disease are infections.** The bacteria that cause dental decay are different from the bacteria that cause gum disease, but both conditions are a result of infections and both can cause serious consequences. If tooth decay is left untreated, an abscess can form and can spread to areas outside the mouth. In rare cases, this can be life threatening if the abscess spreads to the brain.
- 4. Anesthesia:** We use local anesthesia for fillings and other dental treatment. Complications are rare, but could include soreness at the injection site, a reaction to epinephrine, or possible temporary stiffness or swelling at the injection site. Anesthesia without epinephrine must be used if there is any history of a reaction or if some medical conditions are present. Nitrous oxide may be used to help relax a child; a possible side effect may include nausea.
- 5. Filling materials:** We use tooth colored composite for most fillings. Because the filling material hardens quickly, there is a chance (about 4%) that an additional visit may be required for adjustment. Composite materials require a completely dry, saliva free field for a bond to form to the tooth. There is a chance (about 1%) that the filling may have to be redone if the bond does not form successfully. Some insurance companies may pay benefits on back teeth only for silver amalgam fillings. This may result in an additional cost to you.
- 6. Sealants:** Sealants are coatings that protect the chewing surfaces of back teeth from decay. We strongly advise them, since deep grooves in many molars can not be properly cleaned and cavities form easily in these areas. Parents should realize, however, that sealants do not protect between teeth surfaces or front teeth from decay, and they do wear down over time and may need replacement.
- 7. Children coming alone to the dental office:** If your older child comes alone to the dental office, or if your child is accompanied by someone other than a parent, you must authorize this below. This authorizes us to perform dental exams, cleanings, x-rays, fluoride treatment, small fillings, and emergency treatment. Also, if you would like your child's dental exam report faxed to you at home or office, please provide a fax number below.

I authorize my child to come to the office alone, or with \_\_\_\_\_.

I would like reports and treatment plans faxed to me at \_\_\_\_\_

I acknowledge a discussion of the above topics and have been given a chance to ask questions.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_