ARLENE J. COLOMA, D.D.S., M.S.
Pediatric Dentistry
Patient Health History Update

Name _____ Age _____

Please alert us to any health changes your child may have experienced since your last visit with us.
1. Is there any medication your child is currently taking? If so, for what reason?
_____
2. Are there any allergies? _____
3. Has your child been hospitalized recently? _____ If yes, for what reason?
_____
4. Does your child have any history of Heart Murmur or any condition that would require pre-medication prior to dental treatment? (ie, shunts, prosthetics)_____
5. When was your child's last medical checkup? _____
6. Do you have any particular concerns regarding your child's dental health that you wish to discuss with the doctor? _____

Visit Date _____ Parent/Guardian Sign _____

Doctor Reviewed _____ Parent's Cell #_____

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