Make a Child’s Smile – DENTAL HISTORY FORM

Name of Child _____________________________ Date of Birth __________________________

Is your child allergic to any medication? Yes____ No_____ If yes, what is the name of the medicine? ______

1) How is the mother’s or guardian’s dental health? Choose one.
   ❑ has untreated tooth decay
   ❑ has no obvious tooth decay / has healthy teeth
   ❑ unknown

2) How often does your child see a dentist? Choose one.
   ❑ for emergencies only
   ❑ regularly, to receive preventive care and other needed care
   ❑ has not seen a dentist

3) How does your child usually go to bed? Choose one.
   ❑ with a cup, sippy cup or bottle of juice, milk, formula, or something sweet
   ❑ with a pacifier dipped in something sweet
   ❑ after falling asleep breastfeeding
   ❑ none of the above
   ❑ does not apply

4) What does your child usually drink? Choose one.
   ❑ tap water
   ❑ bottled water
   ❑ sweetened drinks (such as juice, sweet tea, sodas, or chocolate milk)
   ❑ white milk

5) Does your child have special healthcare needs? For example, these include diabetes, HIV infection, asthma, or birth defects.
   ❑ Yes
   ❑ No

6) Is the child’s mother or guardian receiving support through, or eligible for, one of the following? Choose one.
   ❑ Medicaid only
   ❑ Medicaid and WIC
   ❑ WIC only
   ❑ none of the above
   ❑ unknown

7) Does your child have any brothers or sisters with untreated cavities?
   ❑ yes
   ❑ no
   ❑ not applicable

8) How often does your child eat snacks between meals? Choose one.
   ❑ frequently (all day long at no specified times)
   ❑ occasionally (only 1-3 snacks at specific times a day)
   ❑ rarely
   ❑ unknown

9) When your child snacks at home on a typical day, which snacks are the most common? Choose one.
   ❑ candy, cookies, snack cakes, chips, pretzels or other snack foods
   ❑ raw fruits or vegetables such as apples, grapes, carrots, celery, etc.
   ❑ nothing/the child does not snack between meals
   ❑ unknown

Return this form with the parental consent form to the Child Care Center.