



Has your child ever had any of the following (please circle):

- | | | |
|---------------|---------------------------|--------------------------|
| ADD/ADHD | Abnormal Bleeding | Acid Reflux |
| Anemia | Allergy to Drugs | Allergy to Latex |
| Anxiety | Asthma | Autism/Aspergers |
| Cancer | Cerebral Palsy | Bleeding problems |
| Depression | Cleft Lip/Palate | Congenital Birth Defects |
| Diabetes | Developmental | Chronic Infections |
| Heart Disease | Delays Epilepsy/ | Handicaps/Disabilities |
| Heart Murmur | Seizures | Liver Disease |
| HIV+/AIDS | Hearing/Speech Impairment | Thyroid Disease |
| PDD | ODD | Liver Disease |
| Pregnancy | Physical Therapy | |

Other: _____

Please explain any medical problems your child has:

Authorization and Release

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can put my child's health at risk. Furthermore, I understand that it is my responsibility to inform this dental office of any changes in my child's medical status. I authorize the dental staff to perform the necessary dental services that my child may need. I also authorize the dentist to release any information including the diagnosis and the records of treatment or examination rendered to my child during the period of such dental care to third party payors and/or other health practitioners as necessary. I hereby authorize the Doctors of Wantagh Seaford Pediatric Dentistry, PC to perform the examination and after explanation, any and all treatment for the above named child including radiographs if indicated and consent to such methods, drugs and agents that may be indicated in connection with his/her dental care. This consent shall remain in effect until canceled. I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand that, as a condition of my child's treatment by this office, financial arrangements must be made in advance.

Signature of parent/legal guardian _____ Date _____