

Lee W. Thach DMD
186 Elm Street
Everett, MA 02149



Phone: (617) 389-2112
Fax: (617) 389-5885
www.echildrensdental.com

MEDICAL HISTORY

Some medical conditions and medications may alter the dental treatment for your child. Please fill out the medical history form completely to the best of your knowledge.

Child's Name: _____

Name and location of your child's pediatrician: _____

Does your child see a specialist for a medical condition? If yes, provide name of specialist, clinic or hospital: _____

Please list all diagnosed medical conditions (example: asthma, heart murmur, special needs, autism, ADHD)

Is your child taking any medications? Please list _____

Allergic to any of the following? Aspirin, Penicillin, Codeine, Acrylic, Metal, Latex, Local Anesthetics.

List others and explain type of reactions: (example: hives, rash)

List any hospitalizations or surgeries: _____

Does your child have any bleeding problems? _____

Have any heart problems? _____

Prone to getting infections? _____

Had chemotherapy or radiation treatment? _____

Comments: _____
