Dr. Melissa McHenry DDS, MSD
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Zionsville, IN 46077
(317)873-4186

Zionsville Pediatric Dentistry
Dr. Melissa McHenry

Medical History Update

Today's Date:. _____
Patient Name:. _____ Patients Date of Birth:. _____
Mother's Name: _____ Father's Name:. _____
Mother's Phone: _____ Father's Phone: _____
Email Address(es): _____
NewAddress:_____
Dental Insurance Name: _____ ID#/SS#. _____
lnsured's Name:. _____ Employer:. _____

Are there any concerns that you would like to have addressed at today's appointment?
_____
Have there been any changes in your child's health In the last 6 months?
_____
Are your child's immunizations up to date? _____
ls your child currently under the care of a physician for medical problems? lf so, please explain.
_____
Does your child have a heart condition? If so, does your physician require an antibiotic prior to dental treatment?_____
Does your child have any allergies to medication, food, latex, metal or acrylic?
_____
Does your child have a history of diabetes, asthma, kidney or liver difficulties and/or bleeding?
_____
Has your child had any accidents involving the head, face or teeth since their last visit?
_____
List any medications that your child is taking.
_____
Has your child recently been diagnosed with any disabilities or behavioral issues?
_____
Does your child use water that is fluoridated or take any fluoride supplements? Y or N

Parents Signature: _____Date:_____

Please provide the front desk with your current Insurance card. THANK YOU!!!