

Parents: Please complete for your child/children.

**O'Rourke Family & Cosmetic Dentistry
Children's Dentistry Questions**

Who may we thank for referring you to our practice? _____

Mom's Name: _____

Dad's name: _____

Child's Name: _____ Age _____ Sex: M F

Other Children in Family: _____
(list ages and sex)

School Attending: _____

Is this your child's first visit to the dentist? Yes No

Have you been pleased w/past dental care? Yes No N/A

Does your child brush his/her own teeth? Yes No How often? _____

Does your child floss? Yes No How often? _____

Does your child brush with fluoride toothpaste? Yes No

Does your child eat between meal snacks? Yes No How often? _____

Does your child eat high sugar and carbohydrate snacks? Yes No How often? _____

Does your child drink high acid/sugar drinks? Yes No How often? _____

Does your child drink tap or bottled water? (circle one) Yes No

Do you have well water at home? Yes No

Child's Habits:

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> grind teeth | <input type="checkbox"/> nail biting | <input type="checkbox"/> pacifier |
| <input type="checkbox"/> tongue thrust | <input type="checkbox"/> thumb sucking | |
| <input type="checkbox"/> speech problems | <input type="checkbox"/> mouth breathing | |

Do you expect your child to be a cooperative patient? Yes No

If no, will they need laughing gas for dental treatment? Yes No

I give my consent for needed services, local anesthetic, nitrous oxide (laughing gas) and use of proper and acceptable methods to complete my child's care. I understand I will be informed of any treatment other than routine cleanings, fluoride, x-rays and exams prior to treatment being performed.

Parent Signature

Date

Parents in Treatment Room:

Parents of children under the age of 4 will be asked to accompany their children to the treatment area.

For routine cleanings and exams, a parent must be present at the appointment so we may discuss care. We cannot have children dropped off at the office without a parent present.