



DAVID L. JONES, DDS  
Specialist In Pediatric Dentistry

1816 BAY SCOTT CIRCLE SUITE 104  
NAPERVILLE, ILLINOIS 60540

📞 630.527.8686 📠 630.527.8585

## CHILD'S HEALTH HISTORY

		Check One	
CHILD'S NAME _____		Yes	No
1	Has your child any history of <input type="radio"/> Heart Trouble <input type="radio"/> Allergies <input type="radio"/> Diabetes <input type="radio"/> Asthma <input type="radio"/> Kidney or Liver Involvement <input type="radio"/> Seizures or Convulsions <input type="radio"/> Bleeding Disorder <input type="radio"/> Brain Injury <input type="radio"/> Emotional, Nervous or Learning Disorder <input type="radio"/> Other _____	<input type="radio"/>	<input type="radio"/>
2	Has your child ever been in the hospital overnight, or had any operation? If yes, for what? _____	<input type="radio"/>	<input type="radio"/>
3	Is there anything concerning your child's medical history which you feel may be important? _____	<input type="radio"/>	<input type="radio"/>
4	Does your child have any allergies? _____ _____	<input type="radio"/>	<input type="radio"/>
5	Has your child experienced any unfavorable reaction from previous dental or medical care? _____	<input type="radio"/>	<input type="radio"/>
6	Does your drinking water have fluoride? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Does your child have any mouth habits, such as <input type="radio"/> Finger or Thumb Sucking <input type="radio"/> Lip Biting <input type="radio"/> Other _____	<input type="radio"/>	<input type="radio"/>
8	Is your child under medical care at present? _____	<input type="radio"/>	<input type="radio"/>
9	Is your child taking medication? _____	<input type="radio"/>	<input type="radio"/>
10	Is there anything you feel we should know about your child? _____	<input type="radio"/>	<input type="radio"/>

I hereby authorize and direct Dr. David L. Jones of Small Smiles, LLC, assisted by dental auxiliaries of their choice, to perform upon my child (or legal ward for whom I am empowered to consent) dental services that in their judgement are advisable with the exception of:

Although their occurrence is not frequent, some risks and complications are known to be associated with dental or oral surgery procedures. The most common complications associated with pediatric dental treatment include nausea following the administration of topical fluoride and children biting and injuring their tongue or lip following the administration of local anesthesia. Less common complications include the risks of numbness, infection, swelling, prolonged bleeding, discoloration, vomiting, allergic reactions, swallowing or aspiration of a crown or extracted tooth, injury to the tongue, lips or cheek, damage to and the possible loss of existing teeth and or fillings, injury to nerves near the treatment site and fracture to a tooth which may need additional treatment or surgery. I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that there can be no guarantee as expressed or implied either as to the result of the treatment or as to cure. I understand that I am free to withdraw my consent to treatment at any time, and that this consent will remain in effect until such time that I choose to terminate it. If there is ever a change in my child's health, I will inform the doctor at the next appointment.

Signature

Relationship

Date