



Katrina A. Thatch, DDS- A Division of Central Virginia Dental Care, PLC

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DENTAL HISTORY

| DOB:

General Information

Who was your child's previous Dentist?	
Date of your child's last dental exam	
Date of your child's last cleaning	
What is the reason for your child's dental visit?	

Personal History

Does your child have pain with chewing, yawning, or wide opening?	
Has your child had local anesthetic?	
Has your child been sedated for dental treatment?	
Have your child's teeth ever been injured?	
Does your child use fluoride toothpaste?	

Patient's signature:

Date:

General Dentist's
signature:

Date: