

DR. LISA GAMACHE
DR. NEHA DAS
BOARD CERTIFIED PEDIATRIC DENTISTS



77 Elm Street
Pittsfield, MA 01201
413-442-0122

Medical History Form

Child's Name: _____

DOB: _____

Today's Date: _____

Physician's Name: _____

Pharmacy Name: _____

Are immunizations up to date? **Yes / No (circle one)**

HAS YOUR **CHILD** EVER BEEN DIAGNOSED WITH THE FOLLOWING CONDITIONS? (Please answer yes/no for ALL options)

| Y | N | |
|---|---|----------------------------|
| | | ADD/ADHD (circle one) |
| | | Anemia |
| | | Anxiety |
| | | Arthritis |
| | | Asthma |
| | | Autism Spectrum Disorder |
| | | Bladder Conditions |
| | | Blood Transfusions |
| | | Birth Defects |
| | | Bone/Orthopedic Problems |
| | | Brain Injury |
| | | Cancer |
| | | Cerebral Palsy |
| | | Child Abuse |
| | | Chronic Adenoid/Tonsils |
| | | Chronic Headaches/Migraine |
| | | Chronic Ear Infections |
| | | Cleft Lip/Palate |

| Y | N | |
|---|---|----------------------------|
| | | Congenital Heart Disease |
| | | Convulsions/Seizures |
| | | Diabetes |
| | | Emotional Disturbances |
| | | Epilepsy |
| | | Eye Problems |
| | | Excessive Gagging |
| | | Fainting/Dizziness |
| | | Growth/Development Issue |
| | | Handicap/Disability |
| | | Hearing/Speech Problems |
| | | HIV/AIDS |
| | | Heart Murmur/Defects |
| | | Hemophilia/Excess Bleeding |
| | | Hepatitis or Liver Disease |
| | | Intellectual Disability |
| | | Kidney Disease |
| | | Leukemia |

| Y | N | |
|---|---|------------------------------|
| | | Malignant Hyperthermia |
| | | Nutritional Deficiency |
| | | Pacemaker |
| | | Pregnancy |
| | | Premature Birth |
| | | Psychiatric Issues/Treatment |
| | | Reflux/Stomach Problems |
| | | Respiratory Problems |
| | | Rheumatic Fever |
| | | Scoliosis |
| | | Sensory Disorder |
| | | Sickle Cell Anemia |
| | | Sinus Problems |
| | | Stroke |
| | | Syndrome: |
| | | Tuberculosis |
| | | Tumors |
| | | Ulcers |

Surgeries (date and type) and other information:

Please list all **medications** _____

Allergies? Yes / No *If yes, please circle:* Local Anesthetic Penicillin/Amoxicillin Sulfa Latex Peanuts Tree Nuts

Other: _____

Parent's Signature _____

Doctor's Signature _____

Date _____

Date _____