CHARLESTON PEDIATRIC DENTISTRY
INFANTS | CHILDREN | YOUNG ADULTS

1538B Kanawha Boulevard East
Charleston, West Virginia 25311
info@cpdwv.com
304.344.0788

CONTACT INFORMATION UPDATE

Today's Date_____

Please update any of the following Contact information.

Child's Name_____

Home Phone_____ Mobile _____

Address_____ City_____ State____ Zip_____

For appointment confirmation purposes only, would you like to provide us with your email? **Yes** **No** Email address_____

MEDICAL HISTORY UPDATE

Please help us maintain current records for your child.

Date of Last Physician's Examination_____

1. Has there been any change in your child's health or medical history since your last dental visit? **Yes** **No**
   If so, what?
   _____
   _____
2. Is your child currently taking any medication(s)? **Yes** **No**
   If YES, please list all medications
   _____
   _____
3. Has there been any injury to the teeth, head or neck since your last dental visit?
   Yes **No**
   If so, what?
   _____
   _____
4. Is there any condition or problem you wish to bring to the dentist's attention?
   Yes **No**
   If so, what?
   _____
   _____
5. Your child's attitude about dental care (circle one):
   Apprehensive **Positive** **Neutral** **Don't Know**

Parent/Guardian Signature _____ Date_____

Relationship to Patient _____