



# DENTISTRY FOR CHILDREN

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## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Age: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## MEDICAL INFORMATION

Describe the nature of your child's disability:

At what age was it diagnosed?

Are they currently taking any medications?    YES    NO  
If yes, please list medications and dose:

Does your child have any allergies?                    YES    NO  
If yes, to what? What happens (upset stomach, rash, hives, etc.)?

Please list the names of any doctors your child sees, and what they see them for:

## ORAL CARE

Is this your child's first dental visit?                    YES    NO

If not, when? \_\_\_\_\_ Where? \_\_\_\_\_

How was the experience? \_\_\_\_\_  
\_\_\_\_\_

Is your child having any pain?                    YES    NO

Where? \_\_\_\_\_ For how long? \_\_\_\_\_

How many times a day is tooth brushing accomplished: \_\_\_\_\_

Please describe your child's tooth brushing routine: \_\_\_\_\_

Please describe a usual meal for your child: \_\_\_\_\_

What is their favorite snack? \_\_\_\_\_

Do they go to bed with a bottle or sippy cup? YES NO What's in it? \_\_\_\_\_

What are your dental health goals for your child?

## COMMUNICATION & BEHAVIOR

Is your child able to communicate verbally? YES NO What is their primary language? \_\_\_\_\_

Is your child sensitive to any of the following? If YES, please explain.

- Light \_\_\_\_\_
- Sounds \_\_\_\_\_
- Touch (hands, face, hair, etc.) \_\_\_\_\_
- Taste \_\_\_\_\_
- Motion (dental chair going up and down) \_\_\_\_\_

Does your child do better in an open space or a more controlled smaller environment?

How does your child react when getting a haircut?

Are there any specific words or phrases that work best with your child?

Please provide us with any additional information that may help us achieve a successful visit:

*Thank you for helping us to understand your child better and we look forward to meeting your family soon!*

**Office Personnel Only**

**Received by:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_