

What is your primary reason for scheduling this dental visit for your child?

How would you describe your child's oral health?

Poor Fair Good Excellent

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How would you describe the oral health of your other children (if applicable) ?

Poor Fair Good Excellent

Is your child currently (or previously) being treated for any medical conditions? Please describe:

Is there a family history of cavities?

Yes No

Please provide any details:

Please indicate if your child has a history of any of the following:

Inherited dental characteristics	Yes	No
Mouth sores or fever blisters	Yes	No
Bad breath	Yes	No
Bleeding gums	Yes	No
Cavities/decayed teeth	Yes	No
Toothache	Yes	No
Injury to teeth, mouth or jaws	Yes	No
Clinching/grinding his/her teeth	Yes	No
Jaw joint problems (popping, etc.)	Yes	No
Excessive gagging	Yes	No
Thumb sucking or other similar habit past one year of age	Yes	No

Does your child brush independently? Yes No

Does your child use an electric TB? Yes No

How many times a day does your child brush their teeth?

0 1 2 More than 2

Does your child floss their teeth? Yes No Sometimes

Does your child's diet include high sugar content drinks or food daily?

Yes No

Please provide any other information you think we should have:

Pediatric Sleep Questionnaire	Yes	No	Don't Know
<b>While sleeping does your child...</b>			
Snore more than half the time?			
Always snore?			
Snore loudly?			
Have "heavy" or loud breathing?			
Have trouble breathing or struggle to breathe?			
<b>Have you ever...</b>			
Seen your child stop breathing during the night?			
<b>Does your child....</b>			
Tend to breathe through the mouth during the day?			
Have a dry mouth on waking up in the morning?			
Occasionally wet the bed?			
Wake up feeling un-refreshed in the morning?			
Have a problem with sleepiness during the day?			
Has a teacher or other supervisor commented that your child appears sleepy during the day?			
Is it hard to wake your child up in the morning?			
Does your child wake up with headaches in the morning?			
Did your child stop growing at a normal rate at any time since birth?			
Is your child overweight?			
<b>This child often...</b>			
Does not seem to listen when spoken to directly			
Has difficulty organizing tasks			
Is easily distracted by extraneous stimuli			
Fidgets with hands or feet or squirms in seat			
Is "on the go" or often acts as if "driven by a motor"			
Interrupts or intrudes on others (e.g. butts into conversations or games)			