



Talkeetna Clinic
Mile 4.4 Talkeetna Spur Rd.

(907) 733-2273

HC89 Box 8190
Talkeetna, AK 99676



Willow Clinic
24091 Long Lake Rd.



(907) 495-4100



PO Box 1049
Willow, AK 99688

Dental Health History – Pediatric (12 and Under)

Patient Name: _____

Date of Birth: _____ Date: _____

Last dental appointment? _____ Reason: _____

Last Well Child Check? _____

- Yes No Is your child involved in any sports?
 Yes No Does your child suck a thumb, finger, pacifier, or exhibit other oral habits?

- If yes, type:** _____
 Yes No Does your child brush their teeth independently?
 How much time is the child spending brushing their teeth? _____ Minutes
 How many times a day is the child brushing their teeth? _____ per day
 Yes No Does your child use fluoridated toothpaste?

- If yes, type:** _____
 Yes No Does your child use other forms of fluoride?

- If yes, type:** _____
 Yes No Does your child floss their teeth independently?
 How many times a day is the child flossing their teeth? _____ per day

Allergy Type	Reaction

Please circle if you have had problems with any of the following:

Abnormal Bleeding	Epilepsy	Kidney	HIV/AIDS
Seizures	Liver	Anemia	Handicap
Asthma	Hearing	Sickle Cell Anemia	Disabilities
Blood Transfusion	Speech	Tuberculosis	Cancer
Heart Murmur	Cerebral Palsy	Hemophilia	Type: _____
Abnormal Bleeding	Cleft Palate	Cleft Lip	Other: _____

Do you have any other concerns regarding your child's oral health?

