DR. DONALD T. NORBY DMD
PEDIATRIC DENTISTRY
TP: 256-238-9233 FAX: 256-237-8472

NAME:____ DATE OF BIRTH:______________

Has this child ever had any treatment for any of the following? **Please check Yes or No.**

Yes	No	Yes	No	Yes	No
□	□ Blood – Circulatory	□	□ Gastrointestinal – Stomach	□	□ Muscles
□	□ Bones	□	□ Kidney – Bladder	□	□ Nervous System
□	□ Endocrine Glands	□	□ Heart	□	□ Skin
□	□ Eyes-Ears-Nose-Throat	□	□ Liver	□	□ Tonsils-Adenoids
□	□ Respiratory				

Has this child ever been diagnosed as having any of the following conditions? **Please check Yes or No.**

Yes	No	Yes	No	Yes	No
□	□ ADHD	□	□ Eye Problems_________________	□	□ Rheumatic Fever
□	□ AIDS	□	□ Excessive Bleeding Problem	□	□ Scarlet Fever
□	□ Anemia	□	□ Hearing Loss	□	□ Sickle Cell Anemia
□	□Allergies…Please List:	□	□ Heart Disease	□	□ Sinus Problems
______________________________		□	□ Heart Murmur… Is Pre-medication	□	□ Snoring at Night?
______________________________			needed? _____________________	□	□ Sore Throat
□	□Arthritis	□	□ Hemophilia	□	□ Spina Bifida
□	□ Asthma	□	□ Hepatitis-Type_________________	□	□ _______Syndrome
□	□Autism	□	□ Jaundice	□	□ Tuberculosis
□	□Brain Injury	□	□ Leukemia	□	□ Cancer/Chemo/
□	□Cancer	□	□ Intellectual Disability		Radiation Treatment
□	□Cerebral Palsy	□	□ Mouth Breathing		Specify If Yes:____________________
□	□ Cleft Lip-Palate	□	□Orthopedic Problems		________________________
□	□ Convulsions-Seizures	□	□ Pregnant		________________________
□	□ Diabetes	□	□ Psychiatric Disorder		
□	□ Drug/Alcohol Abuse				
□	□ Epilepsy				

Previous Dentist____________________________ Date of last check up & cleaning______________________________

Previous Dentist concerns____

Medications Currently Taking____

Primary Physician_________________________________

Is there anything else we should know about your child? ____
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I certify that I have read and understand the above questions. I will not hold Dr. Norby or any member of his staff responsible for any errors or omissions I may have made in the completion of this form.

Signature____________________________________ Relationship_____________________ Date_____________________