

Nathan C. Seng, D.D.S.

Board Certified Pediatric Dentist

*Nursing should be both enjoyable and pain free*

Nathan C. Seng, D.D.S.

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Newborn, Infants, Children, Teens, Special Needs

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:\_\_\_\_\_\_\_\_\_\_

**Medical History**

Has your child experienced any of the following problems or treatment?

1. Received vitamin K injections? ⃝ Yes ⃝ No

2. Was your infant premature? ⃝ Yes ⃝ No

3. Does your infant have any heart disease? ⃝ Yes ⃝ No

4. Has your infant had any surgery? ⃝ Yes ⃝ No If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Has your infant experienced any of the following?

\_\_\_\_\_ Poor latch \_\_\_\_\_ Falls asleep while attempting to nurse

\_\_\_\_\_ Slides off the nipple when attempting to latch \_\_\_\_\_ Colic symptoms

\_\_\_\_\_ Reflux symptoms \_\_\_\_\_ Poor weight gain

\_\_\_\_\_ Gumming or chewing of your nipple when nursing \_\_\_\_\_ Unable to hold a pacifier in his/her mouth

6. Is your infant taking any medications ⃝ Yes ⃝ No If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Has your infant had a prior surgery to correct to tongue or lip tie? If yes, when/where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Birth weight: \_\_\_\_\_\_\_\_ Present weight: \_\_\_\_\_\_\_\_

Do you have any of the following signs or symptoms?

\_\_\_\_\_ Creased, flattened or blanched nipples after nursing \_\_\_\_\_ Cracked, bruised or blistered nipples

\_\_\_\_\_ Bleeding nipples \_\_\_\_\_ Severe pain when your infant attempts to latch

\_\_\_\_\_ Poor or incomplete breast drainage \_\_\_\_\_ Infected nipples or breasts

\_\_\_\_\_ Plugged ducts \_\_\_\_\_ Mastitis

Pediatrician/Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_

Doctor’s Office Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Office Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lactation Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LC Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_

Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you use the internet to locate my office? ⃝ Yes ⃝ No

Have you visited our web site? www.sengpediatricdentistry.com ⃝ Yes ⃝ No

Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you for choosing our office to assist your child’s needs!*