



seng pediatric dentistry

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Board Certified Pediatric Dentist

Nursing should be both enjoyable and pain free

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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
- 5. Has your infant experienced any of the following?

If so, what? _____

- _____ Poor latch
- _____ Slides off the nipple when attempting to latch
- _____ Reflux symptoms
- _____ Gumming or chewing of your nipple when nursing

- _____ Falls asleep while attempting to nurse
- _____ Colic symptoms
- _____ Poor weight gain
- _____ Unable to hold a pacifier in his/her mouth

- 6. Is your infant taking any medications Yes No
- 7. Has your infant had a prior surgery to correct to tongue or lip tie?

If so, what? _____
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
- _____ Bleeding nipples
- _____ Poor or incomplete breast drainage
- _____ Plugged ducts

- _____ Cracked, bruised or blistered nipples
- _____ Severe pain when your infant attempts to latch
- _____ Infected nipples or breasts
- _____ Mastitis

Pediatrician/Doctor: _____

Address: _____

Doctor's Office Phone Number: _____

Lactation Consultant: _____

Address: _____

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:

City: _____ State: _____

Doctor's Office Fax Number: _____

LC Phone Number: _____, Fax: _____

City: _____ State: _____

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