

Medical History

Does your child currently have any of the following medical conditions?

Cancer or Leukemia	YES	NO	Pregnant	YES	NO
Kidney Problems	YES	NO	Asthma	YES	NO
Latex Allergy	YES	NO	Kidney Problems	YES	NO
Diabetes	YES	NO	Allergies	YES	NO
Dental Anxiety	YES	NO	Psychological Issues	YES	NO
Heart Disease	YES	NO	Rheumatic Fever	YES	NO
Bleeding Problems	YES	NO	Tuberculosis	YES	NO
Doctor diagnosed active Heart Murmur (Requires Pre-Medication)	YES	NO			

Any other conditions not listed: _____

Is your child currently taking any of the following? Is your child allergic to the following?

Antibiotics	YES	NO	Antibiotics	YES	NO
Blood Thinners	YES	NO	Tylenol	YES	NO
Tylenol	YES	NO	Latex/Rubber	YES	NO
Insulin	YES	NO	Codeine	YES	NO
Inhaler	YES	NO	Aspirin	YES	NO

Other: _____

CONSENT I have read, or had read to me, and understand the information on this form. I hereby give my free and informed consent for the dental professionals of NM Smiles to perform dental services on my child in the school based setting without my presence. I UNDERSTAND THAT THIS CONSENT MAY BE USED FOR TWO YEARS. NM Smiles is a Medicaid Provider and is committed to maintaining your child's information confidential as pertained to HIPPA laws. The school system is not in affiliation with NM Smiles and is not responsible for the services of NM Smiles.

All questions can be directed to the following:

NM Smiles

NmSmilesGale@gmail.com