SUNNY HOLLOW DENTAL
LEE J WELTMAN, DDS

PEDIATRIC DENTISTRY
RISK ASSESSMENT

Child's Name _____ Date _____

Child's Age _____ Birth Date _____

• To help us assess your child's dental needs, please answer these questions. Thank you.

HEALTH HISTORY	**Yes**	**No**
Did birth mother have any problems during pregnancy?	❑	❑
Has your child needed frequent use of liquid medication?	❑	❑
Has the parents, caretaker seen a dentist in the last year?	❑	❑

Notes:_____

DIET AND NUTRITION		
Is/was your child breastfed?	❑	❑
Does your child sleep with a bottle?	❑	❑
Does your child drink from a sippy cup or cup?	❑	❑
Is your child on a special diet?	❑	❑

Notes:_____

FLUORIDE ADEQUACY		
Do you have well water?	❑	❑
If yes, has the water been tested for fluoride content?	❑	❑

Notes:_____

ORAL HABITS		
Does your child have any oral habits?	❑	❑

Notes:_____

ORAL DEVELOPMENT		
Does your child have teeth?	❑	❑
Child's age (in months) when first tooth erupted?	❑	❑
Has you child experienced teething problems?	❑	❑

Notes:_____

ORAL HYGIENE		
Do you clean your child's teeth/gums?	❑	❑
Does your caretaker clean your child's teeth/gums?	❑	❑
Do you use a toothbrush to clean your child's teeth?	❑	❑
Do you use toothpaste to clean your child's teeth?	❑	❑
Do you, your significant other/caretaker have untreated dental needs?	❑	❑

If yes, who? _____

Notes:_____

Circle: ☐ Mother ☐ Father ☐ Guardian Signature: _____

SUNNY HOLLOW DENTAL
LEE J. WELTMAN D. D. S.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I _____ have received a copy of this office's Notice of Privacy Practices.

_____
Please Print Name

_____
Signature

_____
Date

IF YOU PERMIT SOMEONE ELSE TO CALL

Regarding your Dental Health of your account
Please write their name and address below:

_____
_____
_____
_____

_____
Signature **Date**

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

☐ Individual refused to sign

☐ Communications barriers prohibited obtaining the acknowledgement

☐ An emergency situation prevented us from obtaining acknowledgement

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_____
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