Ph. (585)426-2550
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Westside Pediatric Dentistry, PLLC
Dr. Thomas C. Burm, Jr., D.M.D.
523 Beahan Road
Rochester, NY 14624
Email: westsidepediatricdentistry@yahoo.com

Child's Name:_____ Birthdate:_____

Nickname:_____ Home Phone:_____ Sex: M ☐ F ☐

Home Address:_____ City:_____ Zip:_____

Siblings (names)/DOB:_____ School:_____

Whom may we thank for referring you to us? _____

❖ PARENT/GUARDIAN INFORMATION

Father ☐ Step-father ☐ Guardian ☐ Name: _____Home #: _____Cell #:_____

Home Address:_____ City:_____ Zip:_____

Work #: _____ Email: _____

Mother ☐ Step-mother ☐ Guardian ☐ Name: _____Home # _____Cell #:_____

Home Address:_____ City:_____ Zip:_____

Work #: _____ Email: _____

Child lives with: Both Parents ☐ Mother ☐ Father ☐

Other, please explain: _____

Whom should we contact regarding confirmation of appointments? _____

❖ MEDICAL HISTORY

Child's physician: _____ Physician's # _____

Has your child ever been hospitalized? N ☐ Y ☐ If yes, for what: _____

Has your child ever had any surgeries? N ☐ Y ☐ If yes, for what: _____

Date of your child's last physical exam with physician? _____

Significant findings? N ☐ Y ☐ If yes, please explain: _____

Does your child see a specialist? (current or past) N ☐ Y ☐ If yes, please explain: _____

Is your child allergic to any medications? N ☐ Y ☐ If yes, please list: _____

Is your child taking any medication on a routine basis, including herbal supplements and over the counter meds? N ☐ Y ☐

If yes, please list all medications and dosages: _____

_____

For what purpose is this medication taken? _____

DOES YOUR CHILD HAVE ANY HISTORY OF THE FOLLOWING?

PLEASE READ CAREFULLY AND CIRCLE ANY THAT APPLY

ALL INFORMATION IS COMPLETELY CONFIDENTIAL.

AIDS/HIV
ADD/ADHD
Allergy
Arthritis
Autism (Spectrum)
Asthma
Behavioral Problems
Blood/Bleeding Disorder
Cancer
Cerebral Palsy
Diabetes
Developmental Delays
Down Syndrome
Frequent Ear Infections/Tubes
Eating Disorder
Epilepsy
Fetal Alcohol Syndrome
Thyroid Disease
Gastrointestinal Disease
Hearing Problems
Heart Murmur/Heart Disease
Hepatitis/Liver Disease
Latex Allergy
Learning Problems
Mental Illness/ Emotional Problem
Musculoskeletal Problems
Neurologic Disorders
Prematurity/Neonatal Difficulty
Rheumatic Fever
Skeletal Problems
Seizures
Skin Disorder/Eczema
Speech Issues
Tuberculosis
Visual Problems
Adopted: At what age _____
Other: _____