



At All Smiles, we want to make sure we get to know our patients before we start treatment on them. It is especially important to us that we do everything we can to make the dental office a cozy atmosphere for our pediatric patients! Please take a few minutes to fill out some information about your child to help us connect with them and make every dental experience a pleasant one. Thank you!

Child's Name _____

Personal Information

1. Does your child have any hobbies (sports, music, art, collect something, etc.)?

2. Does he/she have a favorite cartoon character, sports player or action figure?

3. Does he/she have any siblings? If so, where does he/she fall in the sequence of siblings?

4. Please explain a time in your child's life when he/she has been extremely excited about a particular place, an event or a special moment.

5. Is there anything in particular you would like to let us know about your child?

Dental History

1. When was your child's last dental visit?

2. Has your child had any negative experiences at a dental office in the past? Please explain.

3. Is there anything in particular that made them feel more comfortable at the dentist at previous visits (ex. tv, headphones, imagination, etc)?

4. Do you have any dental concerns for your child?
