Pynenberg Scheske, D.D.S., S.C. Child Health History Date 4/1/2024 Time 11:08 AM Patient Name: Birth Date: Date Created:

Kror, chilidren 14. years or, younger	hadridelphenning manner		myganiger, gangun, si es diagliga procedus hjespedrokkild	***********************************	land process and commences the managed out on a state of	and Craffing and common a descript and company and common fill grants and property and the common fill and and the common fill	non-model and without transmission and advant a Million	Integration of the system consists and a supply
Although dental personnel primarily treat the area in	rand around	d your mouth, your m	outh is a part of yo	ur entire body. Heal	th problems that yo	ou may have, or med	lication that you r	nay be taking,
SCINERAL.		Approximation control of the control	aucunding to recommende aucunding and description and recommende aucunding and and and and and and and and and			and and a second se		services engages of an executive engages, con-
Is this a first dental visit?		() Yes () No						
Have there been unpleasant medical or dental vis	its?	O Yes O No						
,	1634							
Is there a finger sucking habit?		◯ Yes ◯ No	ger water, equipment	AND SECURITION OF THE SECURITION OF SECURITIES OF SECURITION OF SECURITI		A MONTHALANA SHIPSAMARANA APROSIMANANAN MARKATAN	Managaring from the Anna Anna Anna Anna Anna Anna Anna Ann	***************************************
Involvement with: speech therapy, special educat physicially handicapped? If yes, which program?	ion or	○ Yes ○ No	If yes	soul yander s	at was was	grating. servations in	, amandar - alle de	pane and other
Have there been fluoride treatments?	\$. %.Y.J	○Yes ○No		255				
* MEDICAL HISTORY	and anymeter had room				Special Company of the Company of th			
Áre you in good health?		○ Yes ○ No						
Are you under medical treatment?		O Yes O No						
Are you taking medicine regularly? If yes, please	lîșt:	Ø Yes ⊘.No	If yes	NOTE & AND STORE WE ARE STORESTONE AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRAT	NAMES OF THE PROPERTY OF THE PARTY OF THE PA	MATERIAL SANDAL		***************************************
Do you have or have you had:			- 1	,um efection ≥h	ALCO NO. MAN ADMINISTRAÇÃO	. An understaying the time on in-	on books we miss whomselv o	sperayors sa 3
Héait trouble	() Yes	⊘ No						
Hjājī, or low blood přessuré	() Yes	○ No						agli conserva
Diabetes	() Yes	() No						and the second
Rheumatic fever	() Yes	⊘ No						-physical and a second a second and a second a second and
Tuberculosis	() Yes							Equipment II.
Asthma	() Yes	_						
Diabetes Rheumatic fever Tuberculosis Asthma Hepatitis Arthritis Allergies	O Yes							
Arthritis	() Yes							-
Allergies	() Yes							popular popular
Bleeding problems	() Yes			1				a que mano de coloque
biccomg problems		4.2 NO	ngangan papangan ngangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kana				**** ************	
Have you had a reaction to:			one proportion was a second particle of the s				*************************************	***************************************
Penicillin (antibiotics)	O Yes							lon qualiform
Sulfa	() Yes	◯ No						to the special section of the
Anesthetics like novocaine	Yes	⊙ No						an a professor
Aspirin	🔘 Yes	O No						and the state of t
Taking any other medications not listed above? I please list:	fγes,	Ø Yes ○ No	If yes [AND			Annual and an
A DENTAL HISTORY				er akkannassa gilalan nedara sarahahan arahahan arahahan filipida di dalam dalam dalam dalam dalam dalam dalam Antarahan sarahan dalam da		manganakan menganakan perindakan di pendapan pendapan pendapan pendapan berandarak pendapan pendapan pendapan Menjangkan pendapan		
Are you bothered with:								
tender teeth when chewing	() Yes	⊘ No	gament agagetemaka renewejerentisteret eten	eur y turnarrous septembrightenschen Weitfriedenschen	representation of the second s			
Bleeding gums	() Yes	⊘ No						
Bad breath	() Yes	○ No						
Sore areas in your mouth	(7) Yes	○ No						
Pain in ornear your ears	() Yes	() No						1
Spaces developing between teeth	∀es							
Sensitivity to heat, cold, sweets	() Yes							Publication of the state of the
Have you been treated by a Periodontist /		② Yes ○ No		ra konsumin väätikonän aijastukunääääinenä jäjustuänäääin	philosope menuncum quan, puntu pintop tangan geru puntuk tang etilak at teres	ANNO SERVICE DE LA CONTRACTOR DE LA CONT	with the state of	***************************************
Have you been treated by an Orthodontist?		() Yes () No						
have you been treated by an Orthodontist?		() Yes () No						
have you recleyed personal instruction in the car teeth?	e of your	O Yes O No						
Do you wish to maintain your own teeth and avo dentures?	id	○ Yes ○ No						
have missing teeth been replaced?		() Yes () No						
Date of last dental vîsit?		A VAPA AREA NO	Comment	in a transportation and exemple the exempl	A SAMELIA SAMERAMAN ANTANANANAN S SAMERAMS SAMERAMS			
SIGNATURE	enternativismos handradores			amelinasi aar ya pindi amelinapi daabalinda ilifabi na na panaa	pija ja meneral pija meneral para para para para para para para p	a stare a protesta travita calendar pris esta a formación y acquires esta de la companya de la c		**************************************
Signaturas of Mariana Signaturas of Mariana Signaturas of Mariana								
Signature of Patient, Parent or Guardian:					and the second s			
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Date:_