



Richard R. Brasher, Jr., D.D.S.
Anna Brasher Moreau, D.D.S., M.S.

Dentistry for Infants, Children & Teenagers
A Professional Dental Corporation

Child's Name: _____ Date of Birth: _____

Child's School: _____ Grade: _____ Child's Pediatrician _____

PLEASE ANSWER THE FOLLOWING QUESTIONS TO ASSIST US IN KEEPING YOUR CHILD'S MEDICAL HISTORY UP TO DATE

Has your child seen his/her physician since the last visit? Yes ___ No ___ If so, why? _____

Has your child's medical history changed since the last visit? Yes ___ No ___ If so, how? _____

Is your child taking any medications at the present time? Yes ___ No ___ If so, what and why? _____

Has your child received any injections or blood transfusions within the last year? Yes ___ No ___ If so, what? _____

Any injury to head or neck in the last 6 months? Yes ___ No ___ If so, what? (Ex: front teeth) _____

Any dental problems developed or developing? Yes ___ No ___

Other dental or medical concerns or problems? _____

IN ORDER TO CONTINUE TO PROVIDE THE BEST POSSIBLE CARE OF YOUR CHILDREN, WE NEED AND APPRECIATE YOUR SUGGESTIONS:

Do you feel you and your child are well-treated in our office? Yes ___ No ___ If not, why not? _____

Date: _____ Signed: _____ Relationship to Child: _____

Dentistry for Infants, Children & Teenagers

1400 Metro Dr., Suite A • Alexandria, LA 71301 • (318) 445-5471 • Toll Free (866) 619-8078