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Chantilly VA, 20151
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12700 Black Forest Lane
Suite 304
Woodbridge, VA 22192
Ph: 703-670-1991
Fax: 571-285-2972

Mala A. Britto, DDS, MS
Board Certified Pediatric Dentist

Medical & Dental History
Circle the answer that applies or fill in the blanks as needed.

Patients Name: _____
Date of Birth: _____

Phone Number: _____
Email: _____

Allergies

Yes No Food or drugs _____
Yes No Seasonal _____
Yes No Latex _____
Yes No Anaphylaxis _____

Heart/Blood: _____

Yes No Heart Trouble/Disease
Yes No High Blood Pressure
Yes No Low Blood Pressure
Yes No Irregular Heart Beat
Yes No Blood transfusion
Yes No Diseases of blood
Yes No AIDS/HIV Positive
Yes No Anemia
Yes No Tonsil or adenoid problems
Yes No Sickle Cell Disease
Yes No Hepatitis (A, B or C)

Lung/Breathing: _____

Yes No Lung or breathing problems
Yes No Frequent Cough
Yes No Asthma
Yes No Sinus Trouble
Yes No Tuberculosis

Endocrine: _____

Yes No Diabetes
Yes No Parathyroid Disease

Psychiatric/Mental: _____

Yes No Autism
Yes No Behavioral or learning problems
Yes No Cerebrales Palsy
Yes No Mental disorder
Yes No ADD/ADHD
Yes No Anxiety
Yes No Mental or physical delays

Liver/Kidney: _____

Yes No Liver disease
Yes No Jaundice

Other: _____

Yes No Spina Bifida
Yes No Tumors
Yes No TMJ/TMD (clicking or "popping" in the jaw)
Yes No Hearing disorder
Yes No Cold Sores/Fever Blisters
Yes No Problems with sight
Yes No Speech disorder
Yes No Epilepsy/ Seizures/ Convulsions
Yes No Congenital birth defects
Yes No Cancer/ Chemo/Radiation Treatment
Yes No Stomach/Intestinal Disease
Yes No Rheumatism

List all medications (even over the counter) taken: _____
Other medical or Dental History: _____
Any Dental Habits (Nail biting, thumb sucking, Pacifier, tongue Thrust, ect): _____

The information listed on this form is complete and accurate to the best of my knowledge.

Parent or Guardian

Date

ASST: _____

www.drbritto.com
Email : frontdesk4drbritto@Gmail.com

Front: _____