

Pediatric Dentistry & Orthodontics of Sudbury

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INFANT/TODDLER ORAL HEALTH ASSESSMENT (18-24 months)

Medical History

Problems during pregnancy?
Problems during birth - Premature, low birth weight, complications?
Infant illnesses? Ear infections?
Sibling history (anything unusual, or chronic illnesses).
Parents dental history and present dental status?

Diet and Nutrition

Is/was your child breast fed?
Does/did your child sleep with a bottle?
Does your child drink from a cup?
Does your child use a sippy cup?
Any dietary idiosyncrasies?

Fluoride History

What is the source of your drinking water?
Does your water have fluoride?
Does your child take fluoride supplements? Which?
Does your child use a fluoride toothpaste?

Habits

Does your child use a pacifier?
Does your child suck a thumb or finger?
Is your child a mouth breather?
Family history of orthodontic problems/treatment?

Injury Prevention

Is your home child-proofed? electric cords?
Trauma prevention: what is the height of your coffee table?
Has your child had any tooth or facial injury?
Do older siblings participate in sports?

Examination / Oral Development

When did your child get the first tooth?
Has your child had any teething problems?
Does your child have any oral developmental problem?

Oral Hygiene

Do you clean your child's teeth? How often?
Do you use a toothbrush? mouth wipes?
Do older siblings use an electric toothbrush?

Please read and complete this form prior to your child's first visit.... **REMEMBER: we recommend that your child's first visit should be between 18-24 months of age**