

**Tesini and Associates Pediatric Dental Care**  
**David A. Tesini DMD, MS., Kristi Seibel, DMD**

410 Boston Post Rd. Sudbury, MA 01776

978-443-KID1 (5431)

www.toothprints.net

**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**