



LRMC offers programs that allow individuals and families who are uninsured or underinsured to receive services for a fee that is adjusted based on household size and income. Please call 843-997-8356 if you would like additional information.

PLEASE CIRCLE THE APPROPRIATE ANSWER BELOW:

Do you need translation services? **Yes No** Is transportation a problem when taking the child to the dentist? **Yes No**
 Are you a migrant/seasonal worker? **Yes No** Has it been over 6 months since your child has seen a dentist? **Yes No**
 Are you homeless? **Yes No** Has it been over 6 months since your child had his/her teeth cleaned? **Yes No**
 When was your child last seen by a dentist? **MO/YR** _____ For what reason? _____ Dentist's name _____

CHILD'S ALLERGIES

_____ None Known
 _____ Penicillin
 _____ Sulfa
 _____ Local Anesthetics
 _____ Latex
 Other: _____

CHILD'S PREVIOUS SURGERY

Yes No
 _____ Heart
 _____ Appendix
 _____ Tonsils
 _____ Head/Neck
 Other: _____

CHILD'S CURRENT MEDICATIONS

Circle: NONE
 1) _____
 2) _____
 3) _____
 4) _____

CHILD'S PAST ILLNESS

Yes No
 _____ Artificial Joint
 _____ Diabetes
 _____ Tuberculosis
 _____ Cancer/Chemotherapy
 _____ Epilepsy (seizure)
 _____ Ear Infections
 _____ Frequent Colds
 _____ Low Blood Pressure
 _____ High Blood Pressure
 _____ Anemia – Blood Disease

Yes No
 _____ Blood Transfusion
 _____ Excessive Bleeding
 _____ Sickle Cell
 _____ Asthma/Hay Fever
 _____ Freq. Bladder Infection
 _____ HIV/Aids
 _____ Peptic Ulcer/Stomach
 _____ Heart Surgery
 _____ Heart Murmur
 _____ Mitral Valve Prolapse

Yes No
 _____ Cholesterol
 _____ Congenital Heart Disorder
 _____ Heart Attack
 _____ Heart Pacemaker
 _____ Irregular Heartbeat
 _____ Angina/Chest Pain Disorder
 _____ Stroke
 _____ Liver Disease
 _____ Hepatitis (Jaundice)
 _____ Hepatitis A, B or C

DENTAL HISTORY

Please Circle

Is your child experiencing dental related pain or is he/she in need of urgent treatment? If so, please call 843-222-6594 and circle Yes.
 Does your child have a specific dental problem? Describe _____ Yes No
 Do you think your child has active decay or gum disease? _____ Yes No
 Does your child have dental examinations on a routine basis? _____ Yes No
 Does your child brush and floss on a routine basis? Discuss _____ Yes No
 Has your child's past experiences in a dental office always been positive? _____ Yes No
 Do you wish to talk to the dentist privately about any problems? _____ Yes No
 Reviewed by Doctor _____ Date _____

History Reviewed and Significant Findings _____

MEDICAL UPDATES

Date	Exceptions	None <input type="checkbox"/>	Patient's Signature	BP	Reviewed by
_____	_____	None <input type="checkbox"/>	_____	_____	_____

I authorized Little River Medical Center (LRMC) to render dental preventative services and treatment and other necessary treatment as they deem appropriate under the directions of the school based dental program and LRMC's dentist and of such associates, partners, or designees as may be selected by him/her to perform such treatment that may include comprehensive exam, x-rays, dental cleaning, fluoride, sealants, fillings, extractions, pulpotomy, stainless steel crown, space maintainers, incise and drain abscess, and/or provide appropriate prescription for antibiotics if necessary. I recognize that during the course of treatment, conditions may arise that necessitate additional procedures or services, and I further authorize and request that my dentist and/or associates, partners, assistants, or designees as may be selected by him/her to perform such procedures/services that are in their best professional judgment.

The school based program by LRMC and SCDHEC allows a dental hygienist, under the orders of a dentist, to perform at the school for students during regular school hours and those students participating in after-school programs the following: dental screenings, dental cleanings twice a year, fluoride treatments as necessary, dental sealants when indicated, and referrals as necessary to a dentist. The dentist may perform on site at the school any of the procedures listed above.