

Why are you or your child seeking orthodontic treatment? (Please be as specific as possible):

Who may we thank for referring you to our office? _____

DENTAL HISTORY

General Dentist: _____ Phone: (____) _____

Address: _____

Date of last dental examination: _____

MEDICAL HISTORY

Family Physician: _____ Phone (____) _____

Address: _____

Is the patient currently under a physician's care? Yes No

If yes, please explain _____

Is the patient taking any medicine at this time? Yes No

If yes, please list _____

Is the patient allergic to any medications? Yes No If yes, please list _____

Does the patient have any other allergies? Yes No If yes, please list _____

Does the patient need to be premedicated (with antibiotics) for routine dental procedures? Yes No

If yes, please specify and give reason for this need: _____

Has the patient ever been hospitalized? Yes No If yes, please explain _____

Females: Is the patient pregnant? Yes No

Does the patient have or has the patient ever had any of the following?

Yes No

- AIDS/HIV+
- Anemia
- Arthritis
- Asthma
- Oral Ulcers
- Birth Defects
- Bleeding Disorder
- Cerebral Palsy

Yes No

- Cold Sores
- Rheumatic Fever
- Diabetes
- Epilepsy/Seizures
- Hearing Problem
- Heart Condition
- Speech Therapy
- Hepatitis

Yes No

- Injury to head
- Kidney Disease
- Lung Disease
- Previous Surgery
- Psychological Therapy
- Radiation or cancer therapy
- Tonsils/Adenoid Surgery
- Injury to face/teeth/gums

Does the patient have any disease, condition, or problem not listed above? Please explain:

DOES/DID THE PATIENT:

Grind his/her teeth at night? Yes No

Brush his/her teeth Often Occasionally Reluctantly

Suck thumb, finger, pacifier? Yes No

If yes, what age was the habit discontinued? _____

GROWTH STATUS:

Height: _____ Weight: _____

Females: Has the patient started her menstruation? Yes No

If yes, what age? _____

Males: Has the patient yet undergone voice changes? Yes No

Facial hair growth? Yes No

Signature of the person completing this form: _____

Relationship to the patient: _____

Today's Date: _____