

PATIENT MEDICAL HISTORY

CIRCLE ANY OF THE FOLLOWING FOR WHICH THE PATIENT HAS BEEN TREATED

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| DIABETES | TUBERCULOSIS | KIDNEY PROBLEMS |
| EPILEPSY | ASTHMA | BONE DISORDER |
| ANEMIA | LIVER PROBLEMS | NERVOUS DISORDER |
| PROLONGED BLEEDING | HEPATITIS | TONSILLITIS |
| HEART TROUBLE | BLOOD TRANSFUSION | FAINING/DIZZINESS |
| HEART MURMUR | AIDS/HIV POSITIVE | SINUS PROBLEMS |
| MITRAL VALVE PROLAPSE | ENDOCRINE PROBLEMS | JAW PAIN |
| RHEUMATIC FEVER | LATEX ALLERGY | SURGICAL IMPLANT |
| HIGH BLOOD PRESSURE | NICKEL ALLERGY | OTHER |

LIST ANY HISTORY OF MAJOR ILLNESS

DOES THE PATIENT HAVE A TENDENCY TO? COLDS SORE THROATS EAR INFECTIONS
 HAVE TONSILS AND ADENOIDS BEEN REMOVED? YES NO WHAT AGE? _____

PLEASE LIST: ALLERGIES OR DRUG SENSITIVITIES DRUGS OR MEDICATIONS BEING TAKEN

PATIENT DENTAL HISTORY

CIRCLE ANY OF THE FOLLOWING WHICH THE PATIENT HAS EXPERIENCED

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| BAD BREATH | GRINDING OF TEETH | CLENCHING OF TEETH |
| BLEEDING GUMS | PERIODONTAL DISEASE | TOOTH SENSITIVITY |
| JAW CLICKING OR POPPING | SORES OR GROWTHS IN MOUTH | EXTRA TEETH |
| MISSING TEETH | DELAYED TOOTH ERUPTION | OTHER _____ |

CIRCLE ANY OF THE FOLLOWING HABITS WHICH THE PATIENT MAY HAVE

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| FINGER/THUMB SUCKING | LIP BITING/SUCKING | TONGUE THRUST |
| MOUTH BREATHING | NAIL BITING | OTHER _____ |

CIRCLE ANY OF THE FOLLOWING WHICH ARE CONCERNS OF THE PATIENT

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|---------------|----------------------------|--------------------------|
| CROWDING | GUMMY SMILE | CLICKING JAW JOINT |
| SPACES | GUM DISEASE/RECESSION | IRREGULARLY SHAPED TEETH |
| OVERBITE | MISSING TEETH | PROTRUSION OF TEETH |
| "BUCK TEETH" | JAW DYSFUNCTION | HEADACHES/FACIAL PAIN |
| RECEDED JAW | SMALL MOUTH | NECK PAIN |
| PROMINENT JAW | IRREGULAR FACIAL STRUCTURE | OTHER _____ |

HOW OFTEN DO YOU HAVE A DENTAL CHECKUP? ONCE A YEAR TWICE A YEAR ONLY IF URGENT NEVER
 HAVE YOU HAD A PREVIOUS ORTHODONTIC EXAM OR TREATMENT? YES NO
 IS THE PATIENT INTERESTED IN ORTHODONTIC TREATMENT? YES NO
 ARE YOU AWARE OF ANY ORTHODONTIC PROBLEMS? YES NO
 HAS THE PATIENT HAD ANY INJURIES TO THE TEETH, MOUTH OR JAWS? YES NO
 IF SO, PLEASE EXPLAIN _____

SIGNATURE

RELATIONSHIP TO PATIENT