

### Medical Information

Patient's Physician: \_\_\_\_\_

Is patient in good health?  Yes  No \_\_\_\_\_

Does patient have any history of major illness? \_\_\_\_\_

Has patient been treated by a Physician for: (Check where appropriate)

  
  
  
  


**Asthma**  
**Liver Problems**  
**Thyroid Problems**  
**Hepatitis**  
**Presently Pregnant**

  
  
  
  
  


**ADD / ADHD (list meds)**  
**Anemia**  
**Diabetes**  
**Kidney Problems**  
**Prolonged Bleeding**  
**Hypoglycemia**

  
  
  


**Heart problems**  
**Rheumatic Fever**  
**Epilepsy or Convulsions**

Other \_\_\_\_\_

Tonsils / Adenoids Removed  
 (age) \_\_\_\_\_

**Please discuss any medical problems:** \_\_\_\_\_

**List all drugs/things allergic to:** \_\_\_\_\_

**List all drugs currently being taken:** \_\_\_\_\_

### Dental Information

Name of general dentist: \_\_\_\_\_ Office # \_\_\_\_\_

What are the main concerns that you would like orthodontics to accomplish? \_\_\_\_\_

**Patient attitude toward smile** (please mark on line): *Love it* 😊 |-----| ☹️ *Hate it*

No Yes

If Yes, More Information

	No	Yes	If Yes, More Information
Has patient had a dental exam within 6 mos?			
Previous Orthodontic Treatment/Exams? When?			
Brushing/flossing difficulties?			
Injuries to mouth or teeth?			
Clicking or pain when opening jaws? Locking?			
Patient informed of missing/extra adult teeth?			
Difficulty chewing or eating?			
Teeth grinding or clenching?			
Has anyone else in the family worn braces?			
Has dentist removed any Adult/Baby teeth?			
Thumb sucking or finger habits?			
Speech problems/tongue thrust?			
Is patient a mouth breather/snorer?			
High intake of sweets?			
Any traumatic dental experiences?			

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

List Sports Played \_\_\_\_\_

Hobbies/ Interests \_\_\_\_\_

List Any Instruments Played \_\_\_\_\_

List Brothers/Sisters with age \_\_\_\_\_

Friends that are patients \_\_\_\_\_

Patient's attitude toward orthodontic treatment?  Eager  Complacent  Not Enthusiastic

We welcome your comments or suggestions? \_\_\_\_\_

Updates (Date & Initial-for office use) \_\_\_\_\_

CONFIDENTIAL (for record and pretreatment evaluation)