

MEDICAL HISTORY (CONFIDENTIAL)

Name: _____ Birthdate: _____ Age: _____

Physician's name: _____ Date of last exam: _____

Does this patient have a history of major illness: Yes / No

If yes – What? _____

Has the patient been in contact at any time with any of the following viruses/diseases: Hepatitis, Mononucleosis, VD, HIV (AIDS), Measles. Please explain: _____

Please check any of the following for which this patient has been treated:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bone Disorders | <input type="checkbox"/> Liver Problems | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Anemia | <input type="checkbox"/> Endocrine Disorders | <input type="checkbox"/> Nervous Disorders |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Fainting/Dizziness | <input type="checkbox"/> Rheumatic Fever |

Are there any other medical concerns that you think we should know about?

Does this patient have a tendency to colds? _____ Sore Throats? _____

Ear Infections? _____

Have tonsils or adenoids been removed? _____ If so, at what age? _____

For what reason? _____

List any medications now being taken: _____

What reason are the drugs being used? _____

List any allergies or drug sensitivities: _____

DENTAL HISTORY

Dentist's name: _____ Date of last exam: _____

Please tell us whom we can thank for referring you to our office – if different from your dentist: _____

What is the major concern this patient has for seeking an orthodontic consultation?

Any family relatives having similar problems: _____

Have their been any injuries to patient's mouth, face, or teeth? If yes, what & when?

Have any of the following been noticed after age six? (circle)

Thumb/finger sucking; Tongue thrusting; Mouth breathing; Speech difficulty;
Swallowing problems; Pain in the jaw joints or muscles.

List any wind musical instruments played: _____

Date: _____ Signature: _____ Print Name: _____