

CONFIDENTIAL

American Association of Orthodontists MEDICAL DENTAL HISTORY FORM FOR PATIENTS UNDER 18 YEARS OF AGE

D	Date:			
	Liato.	D .		

Patient's Last Name:	First Name:	Midd	lle Name/Initial:
Birth Date:	Age: Sex: Male 🗆 Fem	ale 📮 I Prefer To Be Called: _	- The TX
S.S.N./S.I.N.:	Home Phone No.:	Cell No.:	
Patient's Address:	(as7) [v2)	Email:	(CO)
City:	State/Province:	Zip/F	Postal Code:
Attends School At:			Grade:
Musical Instruments Played:	D = H = -	ness institution	
Sports And/Or Hobbies:		E J. S. BEIRE	190 (201 121 1
No. of brothers and sisters:	Ages:		
Other family members treated here: _			
Birth Father's Height ft	in. Birth Mother's Height	ft in.	
Patient's Birth Weight lbs	oz. Patient's Present Weight	lbs. Height ft	in.
Custodial Parent(s) or Guardian(s): _			<u> </u>
Phone No. (if different than patient's)	· <u></u>		
Address (if different than patient's): _		<u> </u>	
City:	State/Province:	Zip/Pos	stal Code:
E-mail address:	Cell ph	one/pager:	
Name of Patient's Dentist:		Phone No.:	The second of the second
Dentist's Address:			
City:	State/Province:	Zip/Pos	tal Code:
Date Last Seen:	Reason:		A WELL ON LINE
Name of Patient's Physician(s):			
Phone No(s):			
Physician's Address:			
City:	State/Province:		
Date Last Seen:	Reason:	t representa	The State of the Control of the Cont
Who Is Financially Responsible For T	This Account?		
Last Name:	First Name:	× L	Middle Name/Initial:
Address (if different from patient's):_	ADDRESS ST.	Email:	
City:	State:	Zip:	Years at this address:
If less than five years, previous addre	ss:		
City:	State:	Zip:	

Cell No.:	fferent than natient	s).	S.S.N/S.I.N.:		
	How many years?				10.10
Insurance Coverage for Dental Treatment? Yes No Insurance Coverage Frimary Policy Holder's Name:					
Birth Date:		Employed By:			
Dental Insurance	e Company:		Group N	No.:	
Secondary Policy	y Holder's Name: _	folder's Name: S.S.N./S.I.N.:			
Birth Date:		Employed By:	9		
				0.:	
		Group No.:			
		e need or diodontie dedinient.			- 114
Willy did you self	ect our office:				
For the followin considered conf	ng questions mark i idential. A thoroug	yes, no, or don't know/underst th and complete history is vita	and (dk/u). The answ l to a proper orthodo	vers are for office records only and will ontic evaluation.	be
PATIENT PR	ROFILE				
u yes u no u dk/u	Does patient follow dis	rections well?			
u yes u no u dk/u	Does patient brush his	her teeth conscientiously?			
u yes u no u dk/u		ning disabilities or need extra help	Daves Dave Dalle	Clair discords 2	
□ ves □ no □ dk/u	with instructions?	elf-conscious about teeth?	□ yes □ no □ dk/u	Does the patient eat a well-balanced diet?	
J yes J no J dk/u	is patient sensitive of s	en-conscious about teetn?		Frequent headaches, colds or sore throats?	
MEDICAL H	IICTODV			Eye, ear, nose or throat condition?	
MEDICAL HISTORY			Hayfever, asthma, sinus trouble or hives?		
Now or in the past, have you had:		u yes u no u dk/u	Tonsil or adenoid conditions?		
	Birth defects or heredit	17 PR			
	Bone fractures, any ma		Allergies or read	ctions to any of the following:	
	Rheumatoid or arthritic			Local anesthetics (Novocaine or Lidocaine)	
	Endocrine or thyroid pr	roblems?	u yes u no u dk/u	Aspirin	
yes no dk/u			u yes u no u dk/u	Ibuprofen (Motrin, Advil)	
yes no dk/u		n treatment or chemotherapy?	uges no dk/u	Penicillin or other antibiotics	
	Stomach ulcer or hyper	- 77	u yes u no u dk/u	Sulfa drugs	
	3.5/1	ruberculosis, pneumonia?	uges no dk/u	Codeine or other narcotics	
	Problems of the immur		uges no dk/u	Metals (jewelry, clothing snaps)	
	AIDS or HIV positive?		□ yes □ no □ dk/u	Latex (gloves, balloons)	
	Hepatitis, jaundice or li		□ yes □ no □ dk/u	160	
□ yes □ no □ dk/u	Fainting spells, seizures	s, epilepsy or neurological problem?	yes no dk/u	3/1	
□ yes □ no □ dk/u	Mental health disturbar	ace or depression?	yes no dk/u		
□ yes □ no □ dk/u	Vision, hearing, tasting	or speech difficulties?		Foods (specify)	
□ yes □ no □ dk/u	Loss of weight recently	, poor appetite?	□ yes □ no □ dk/u	Other substances (specify)	
uges no dk/u	History of eating disord	ler (anorexia, bulimia)?			
□ yes □ no □ dk/u	Excessive bleeding or bleeding disorder?	ruising tendency, anemia or	uges no dk/u	Is the patient taking medication, nutrient supplemental medications or non prescription medicine?	
□ yes □ no □ dk/u	High or low blood press	sure?		name them.	- 10000
□ yes □ no □ dk/u	AMERICA DE SELECTION DE		Medication	Taken for	
		f breath or swelling ankles?	Medication	Taken for	
□ yes □ no □ dk/u	coronary insufficiency,	(heart trouble, heart attack, angina, arteriosclerosis, stroke, inborn mur or rheumatic heart disease)?	Medication	Taken for	

yes no dk/u Does the patient chew or smoke tobacco? Now or in the past, has the patient had: yes no dk/u Operations? Describe: yes no dk/u Started teething very early or late? yes no dk/u Hospitalized? Describe: yes no dk/u Permanent or "extra" (supernumerary) teeth removed? yes no dk/u Other physical problems or symptoms? Describe: yes no dk/u Chipped or otherwise injured primary (baby) or permanent teeth? yes no dk/u Destribe or otherwise injured primary (baby) or permanent teeth? yes no dk/u Destribe or otherwise injured primary (baby) or permanent teeth? yes no dk/u Destribe or otherwise injured primary (baby) or permanent teeth? yes no dk/u Destribe or otherwise injured primary (baby) or permanent teeth? yes no dk/u Destribe or otherwise injured primary (baby) or permanent teeth? yes no dk/u Destribe or otherwise injured primary (baby) or permanent teeth? yes no dk/u Destribe or otherwise injured primary (baby) or permanent teeth? yes no dk/u Destribe or injured primary (baby) or permanent teeth? yes no dk/u Destribe or injured primary (baby) or permanent teeth? yes no dk/u Destribe or injured primary (baby) or permanent teeth? yes no dk/u Destribe or injured primary (baby) or permanent teeth? yes no dk/u Destribe or injured primary (baby) or permanent teeth? yes no dk/u Destribe or injured primary (baby) or permanent teeth? yes no dk/u Destribe or injured primary (baby) or permanent teeth? yes no dk/u Destribe or injured primary (baby) or permanent teeth? yes no dk/u Destribe or injured primary (baby) or permanent teeth? yes no dk/u Destribe or injured primary (baby) or permanent reeth? yes no dk/u Destribe or injured primary (baby) or permanent teeth? yes no dk/u Destribe or injured primary (baby) or permanent teeth? yes no dk/u Destribe or injure	uges no dk/u	Does the patient currently have or ever had a substance abuse problem?	DENTAL HI	STORY
yes no dk/u Hospitalized? Describe: yes no dk/u Primarent of sear is Supernumerary Itech removed? yes no dk/u Other physical problems or symptoms? Describe: yes no dk/u Other physical problems or symptoms? Describe: yes no dk/u Seing meanted by another health care professional? yes no dk/u Seing meanted by another health care professional? yes no dk/u Seing meanted by another health care professional? yes no dk/u Seing meanted by another health care professional? yes no dk/u Seing meanted by another health care professional? yes no dk/u Seing meanted by another health care professional? yes no dk/u Seing meanted is given by the professional? yes no dk/u Seing meanted is given by the professional? yes no dk/u Seing meanted is given by the professional? yes no dk/u Seing meanted is given by the professional is given by the	□ yes □ no □ dk/u		Now or in the	past, has the patient had:
yes no db/u Hospitalized? Describe: yes no db/u Permanent or "extra" (supernamenary) seeth removed? yes no db/u	uges no dk/u	Operations? Describe:	□ yes □ no □ dk/u	Started teething very early or late?
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yes no dk/u Other physical problems or symptoms? Describe: yes no dk/u	u yes u no u dk/u	Hospitalized? Describe:	ř.	
yes no dk/u Being treated by another health care professional? yes no dk/u Wes no dk/u Wes no dk/u Seed read or contains the should be aware of? yes no dk/u Being treated by another health care professional? yes no dk/u Wes no dk/u Being treated by another health care professional? yes no dk/u Being treated by another health care professional? yes no dk/u Being treated by another health care professional? yes no dk/u Being treated by another health care professional? yes no dk/u Being treated by another health care professional? yes no dk/u Being treated by another health care of yes no dk/u Being treated by another health care of yes no dk/u Being treated by another health care of yes no dk/u Being treated by another health care of yes no dk/u Being treated by another health care of yes no dk/u Being treated by another health care of yes no dk/u Being treated by another health care of yes no dk/u Being treated by another health care of yes no dk/u Being treated by another health age 7 yes no dk/u Whoth breating label, snoring or difficulty in breathing? yes no dk/u Whoth breating label, snoring or difficulty in breathing? yes no dk/u Any pain or sorteness in the muscles of the face or around librous. yes no dk/u Any pain or sorteness in the muscles of the face or around librous. yes no dk/u Any pain or sorteness in the muscles of the face or around librous. yes no dk/u Any pain or sorteness in the muscles of the face or around librous. yes no dk/u Any realth or the face of the face or around librous. yes no dk/u Any realth or the face of the face or around librous. yes no dk/u Any realth or the face of the face or around librous. yes no dk/u Any realth or the face of the face or around librous. yes no dk/u Any realth or the face of the face of the face of the face of the			SOUTH STATE OF THE CONTRACT OF	
yes no dk/u Being treated by another health care professional? yes no dk/u Date of most recent physical exam? yes no dk/u Date of most recent physical exam? yes no dk/u Selecting gums, bad taste or mouth odo?? yes no dk/u Food impaction between teeth? yes no dk/u Food impaction per clearching? yes no dk/u Food impaction per cl	□ yes □ no □ dk/u	Other physical problems or symptoms? Describe:		Chipped or otherwise injured primary (baby) or permanent
Pure Date of most recent physical exam?		Cotton Cotton	🗆 yes 🗆 no 🗀 dk/u	Teeth sensitive to hot or cold; teeth throb or ache?
Date of most recent physical exam? Are there any other medical conditions that we should be aware of? yes no dk/u Periodonial "guam problems? Periodonial "guam problems	u yes u no u dk/u	Being treated by another health care professional?	🗆 yes 🗆 no 🗀 dk/u	Jaw fractures, cysts or mouth infections?
Are there any other medical conditions that we should be aware of? yes no dk/u Food impaction between teetin? Food impaction per possible in the patient started her monthly periods? Food impaction period impaction periods Food impaction periods? Food impaction periods? Food impaction period impaction periods Food impaction period impa		For:	u yes u no u dk/u	"Dead teeth" or root canals treated?
		Date of most recent physical exam?	🗆 yes 🗀 no 🗀 dk/u	Bleeding gums, bad taste or mouth odor?
GRES ONLY yes no dk/u Has the patient started her monthly periods? yes no dk/u Has the patient started her monthly periods? yes no dk/u Has the patient started her monthly periods? yes no dk/u Has the patient started her monthly periods? yes no dk/u Has the patient started her monthly periods? yes no dk/u Has the patient pregnant? yes no dk/u Would breathing habit, snorting or difficulty in breathing? yes no dk/u Yes no dk/u Any pain in jaw or ringing in the ears? Any pain or sorenees in the muscles of the face or around the ears? yes no dk/u Yes No dk	Are there any other n	nedical conditions that we should be aware of?	u yes u no u dk/u	Periodontal "gum problems"?
yes no dk/u Has the patient started her monthly periods? yes no dk/u Mouth breathing habit, storing or difficulty in breathing? yes no dk/u Mouth breathing habit, sorning or difficulty in breathing? yes no dk/u Tooth grinding or jaw clenching? yes no dk/u Any pain in jaw or fringing in the ears? yes no dk/u Any pain in jaw or sorness in the muscles of the face or around the ears? yes no dk/u Any pain in jaw or sorness in the muscles of the face or around the ears? yes no dk/u Any area of loose, broken or missing restorations (fillings)? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u Any tech irritating cheek, lip, longue or palate? yes no dk/u yes no dk/u Any tech irritating cheek, lip, longue or yet yes no dk/u yes	<u></u>		🗆 yes 🗀 no 🗀 dk/u	Food impaction between teeth?
yes no dk/u last the patient started her monthly periods? yes no dk/u last the patient started her monthly periods? yes no dk/u yes no dk/u last the patient started her monthly periods? yes no dk/u yes no dk/u last the patient pregnant? yes no dk/u yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain or soreness in the muscles of the face or around the ears? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain or soreness in the muscles of the face or around the ears? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Yes no dk/u Any relative with similar tooched in pain in the pain in jaw or developed jaw? yes no dk/u Yes no dk/u Any relative with similar tooth or jaw relationships? yes no dk/u Yes no			🗆 yes 🗀 no 🗀 dk/u	Thumb, finger, or sucking habit? Until what age?
yes no dk/u Has the patient started her monthly periods? yes no dk/u Tooth gratiding or jaw clenching? yes no dk/u Any patin in jaw or ringing in the ears? yes no dk/u Any patin in jaw or ringing in the ears? yes no dk/u Any patin in jaw or ringing in the ears? yes no dk/u Any patin or soreness in the muscles of the face or around the ears? yes no dk/u Any patin or soreness in the muscles of the face or around the ears? yes no dk/u Aware of loose, broken or missing restorations (fillings)? Avare of loose, broken or missing restorations (fillings)? Any testin iritating cheek, lip, tongue or palate? yes no dk/u Any testin iritating cheek, lip, tongue or palate? yes no dk/u Any testin iritating cheek, lip, tongue or palate? yes no dk/u Any testin iritating cheek, lip, tongue or palate? yes no dk/u Any testin iritating cheek, lip, tongue or palate? yes no dk/u Any testin iritating cheek, lip, tongue or palate? yes no dk/u Any testin iritating cheek, lip, tongue or palate? yes no dk/u Any testin iritating cheek, lip, tongue or palate? yes no dk/u Any testin iritating cheek, lip, tongue or palate? yes no dk/u Any testin iritating cheek, lip, tongue or palate? yes no dk/u Any testin iritating cheek, lip, tongue or palate? yes no dk/u Any testin iritation control or over devloged jaw? Yes no dk/u Yes no dk/u Any relative with similar tooth or jaw relationships? Yes no dk/u Yes no dk/u Yes no dk/u Yes yes no dk/u Yes yes no dk/u Yes			🗆 yes 🗀 no 🗀 dk/u	Abnormal swallowing habit (tongue thrusting)?
yes no dk/u Tooth grinding or jaw clenching? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain in jaw or ringing in the ears? yes no dk/u Any pain in soveress in the muscles of the face or around the ears? yes no dk/u Difficulty encountered in chewing or jaw opening? yes no dk/u Any read of loose, broken or missing restorations (fillings)? Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Yes	GIRLS ONLY	<u>Y</u>	u yes u no u dk/u	History of speech problems?
If so, approximately when? yes no dk/u Tooth grinding or jaw clenching? yes no dk/u Any pain in jaw or inging in the ears? yes no dk/u Any pain or somess in the muscles of the face or around the ears? yes no dk/u Any pain or somess in the muscles of the face or around the ears? yes no dk/u Any pain or somess in the muscles of the face or around the ears? yes no dk/u Any pain or somess in the muscles of the face or around the ears? yes no dk/u Any pain or somess in the muscles of the face or around the ears? yes no dk/u Any feeth irritating cheek, lip, tongue or palate? yes no dk/u Concerned about spaced, crooked or protruding teeth? Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Concerned about spaced, crooked or protruding teeth? Yes no dk/u Concerned about spaced, crooked or protruding teeth? Yes no dk/u Concerned about spaced, crooked or protruding teeth? Yes no dk/u Concerned about spaced, crooked or protruding teeth? Yes no dk/u Taking any forms of fluoride? Yes no dk/u Yes no dk/u Yes No dk/u Yes No dk/u Yes Yes No dk/u Yes Yes No dk/u Yes Yes No dk/u Yes Ye	□ yes □ no □ dk/u	Has the patient started her monthly periods?	□ yes □ no □ dk/u	Mouth breathing habit, snoring or difficulty in breathing?
yes no dk/u Any pain or soreness in the muscles of the face or around the ears?			□ yes □ no □ dk/u	Tooth grinding or jaw clenching?
the cars? yes no dk/u Aware of loose, broken or missing restorations (fillings)? So he patient's parents or siblings have any of the following health problems? Jest no dk/u Jest no dk/u Aware of loose, broken or missing restorations (fillings)? Aware of loose, look of loose, look of look of look. Aware of loose, look of look. Any relative with similar tooth or jaw relationships? Aware of loose, look of look. Any relative with similar tooth or jaw relationships? Aware of loose, look of look. Any relative with similar tooth or jaw relationships? Aware of loose, look of look. In look of loo	u yes u no u dk/u	Is the patient pregnant?	u yes u no u dk/u	Any pain in jaw or ringing in the ears?
Do the patient's parents or siblings have any of the following health problems? If so, please explain. Bleeding disorders yes no dk/u Any teeth irritating cheek, lip, tongue or palate? yes no dk/u Aware or concerned about under or over developed jaw? Arthritis yes no dk/u Gum boils*, frequent canker sores or cold sores? Metabolic disturbances yes no dk/u Aware or developed jaw? Arthritis yes no dk/u Gum boils*, frequent canker sores or cold sores? Metabolic disturbances yes no dk/u Ary relative with similar tooth or jaw relationships? Unusual dental problems yes no dk/u Ary relative with similar tooth or jaw relationships? Unusual dental problems yes no dk/u Ary relative with similar tooth or jaw relationships? Unusual dental problems yes no dk/u Ary serious trouble associated with any previous dental treatment? yes no dk/u Ary serious trouble associated with any previous dental treatment? yes no dk/u Ary serious trouble associated with any previous dental treatment? yes no dk/u Ary serious trouble associated with any previous dental treatment? yes no dk/u Ary serious trouble associated with any previous dental treatment? yes no dk/u Ary serious trouble associated with any previous dental treatment? yes no dk/u Ary serious trouble associated with any previous dental treatment? yes no dk/u Ary serious trouble associated with any previous dental treatment? yes no dk/u Ary serious trouble associated with any previous dental treatment? Yes no dk/u Ary serious trouble associated with any previous dental treatment? Yes no dk/u Ary serious trouble associated with any previous dental treatment? Yes no dk/u Ary serious trouble associated with any previous dental treatment? Yes no dk/u Ary serious trouble associated with any previous dental treatment? Yes no dk/u Ary serious trouble associated with any previous dental treatme			u yes u no u dk/u	
Do the patient's parents or siblings have any of the following health problems? If so, please explain. Bleeding disorders	FAMILY ME	DICAL HISTORY	🗆 yes 🗀 no 🗀 dk/u	Difficulty encountered in chewing or jaw opening?
If so, please explain.			🗆 yes 🗅 no 🗀 dk/u	Aware of loose, broken or missing restorations (fillings)?
Diabetes			🗆 yes 🗀 no 🗀 dk/u	Any teeth irritating cheek, lip, tongue or palate?
Arthritis	Bleeding disorders _	and the same of th	u yes u no u dk/u	Concerned about spaced, crooked or protruding teeth?
Metabolic disturbances	Diabetes		□ yes □ no □ dk/u	Aware or concerned about under or over developed jaw?
Severe allergies	Arthritis		u yes u no u dk/u	"Gum boils", frequent canker sores or cold sores?
Unusual dental problems yes no dk/u yes no dk/u Would you object to wearing orthodontic appliances (braces) should they be indicated? Any other family medical conditions that we should know about? Any other family medical conditions that we should know about? yes no dk/u Would you object to wearing orthodontic appliances (braces) should they be indicated? Any serious trouble associated with any previous dental treatment? yes no dk/u Ever had a prior orthodontic examination or treatment? yes no dk/u Been under another dentist's care? Specialist Other	Metabolic disturbanc	es	u yes u no u dk/u	Taking any forms of fluoride?
Jaw size imbalance	Severe allergies		u yes u no u dk/u	Any relative with similar tooth or jaw relationships?
Any other family medical conditions that we should know about? yes no dk/u Ever had a prior orthodontic examination or treatment? yes no dk/u Ever had a prior orthodontic examination or treatment? yes no dk/u Ever had a prior orthodontic examination or treatment? yes no dk/u Ever had a prior orthodontic examination or treatment? Other Deen under another dentist's care? Specialist Other Other Deen under another dentist's care? Other Deen under another dentist's care? Other Deen under another dentist's care? Specialist Deen under another dentist's care? Other Deen under another dentist's care? Specialist Deen under another dentist's care? Other Deen under another dentist's care? Specialist Deen under another denti	Unusual dental probl	ems	u yes u no u dk/u	Had periodontal (gum) treatment?
ges no dk/u Any serious trouble associated with any previous dental treatment? ges no dk/u Ever had a prior orthodontic examination or treatment? Been under another dentist's care? Specialist Other Other How often does your child brush: floss: What is your primary concern? Why are you here? I have read and understand the above questions. I will not hold my orthodontist or any member of his/her staff responsible for any errors or omissions that I have made in the completion of this form. If there are any changes later to this history record or medical/dental status, I will so inform this practice. Date Signed:			u yes u no u dk/u	Would you object to wearing orthodontic appliances (braces) should they be indicated?
How often does your child brush: floss: What is your primary concern? Why are you here? I have read and understand the above questions. I will not hold my orthodontist or any member of his/her staff responsible for any errors or omissions that I have made in the completion of this form. If there are any changes later to this history record or medical/dental status, I will so inform this practice. Signed: Date Signed: [Parent or Guardian] Date Signed: Date Signed:		7 4 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	uges no dk/u	
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