Date: _____

WELCOME

Name_____Nickname_____ Sex_____

Age_____ Date of Birth_____

Mailing Address_____ Telephone_____mobile_____

City _____ State_____ Zip code _____

Referred to this office by _____

General Dentist_____ Physician_____

Employer _____ Occupation _____

Bus. Telephone_____ social security number_____

Spouse _____ employer _____

Bus. Telephone _____social security number _____

Name & telephone of someone to contact if spouse not available: _____
_____

Are you in good health? _____Any history of major illness (please explain) _____
_____

Allergies _____

Check the following previous or current medical conditions:

_____ AIDS/HIV	____Diabetes	_____ Hepatitis
_____ Anemia	____ Epilepsy	_____ Lung disorders
_____ Arthritis	____ Endocrine disorders	_____ Nervous disorders
_____ Asthma	____ Fainting or dizziness	_____ Pneumonia
_____ Bleeding disorders	____ Heart disorders	_____ Tuberculosis
_____ Bone disorders	____ Kidney disorders	_____ Cerebral Palsy
_____ Other-specify_____		

Are you or is there a possibility you are pregnant? _____

Do you wear contact lenses? _____ Tendency to colds, sore throats, ear infections_____

List current medications (prescription or over counter) _____
_____

When was your last dental examination? _____

Any injuries to the face, mouth or teeth? _____ Habits? _____

Are you a mouth breather? _____ asleep _____ awake _____

Do you grind your teeth? _____ asleep _____ awake _____

Do you have any speech problems? _____ present therapy _____

Do you play a musical instrument? _____ what kind _____

How often do you brush your teeth:
___several times a day ____ once a day ___ occasionally

Past or present history of periodontal disease and or treatment? (please explain) _____
_____

Past or present history of TMJ problems? (please explain) _____
_____

Have you been informed of any missing or extra permanent teeth ? _____

Have you or any other family member had orthodontic treatment ? _____

Your reason for seeking treatment _____
_____

Were you aware of this problem? _____

What best describes your attitude toward orthodontic treatment:

___wants treatment ____unwilling, but agrees

___ willing if necessary ____ uncooperative

Thank you for choosing our office for possible treatment.
Please do not hesitate to ask any questions during the exam.