

Present drugs or medication: _____

Birth Defects: _____

Has the patient reached puberty (menstruation, pubic hair) Yes No

RESPIRATORY HISTORY - Does the patient:

- | | | | |
|--|------------------------|-------------|----|
| 1. Have allergies to: | Seasonal grasses _____ | Food _____ | |
| | Drugs _____ | Other _____ | |
| 2. Snore while sleeping? | | Yes | No |
| 3. Mouth Breather? | | Yes | No |
| 4. Have frequent colds? | | Yes | No |
| 5. Have frequent stuffy nose? | | Yes | No |
| 6. Have frequent sore throat or tonsillitis? | | Yes | No |
| 7. Have chewing or swallowing difficulties? | | Yes | No |

DENTAL HISTORY

Does the patient have pain or clicking in jaw joint? Yes No

Have any teeth been injured due to accidents or blows to the mouth? Yes No

Date of injury: _____

Has the patient received or requested to receive speech correction? Yes No

The following habits are of interest. List information as it pertains to this patient:

Thumb or Finger sucking? Yes No Grinding of teeth? Yes No

Lip Biting or sucking? Yes No Tongue thrust? Yes No

Others (specify): _____

Has the patient had any unusual dental experiences?

Specify: _____

Date of last dental checkup: _____ **Were the patient's teeth cleaned?** Yes No

ORTHODONTIC HISTORY

Has the patient had a previous Orthodontic consultation? Yes No

Has the patient had previous Orthodontic treatment? Yes No

Date: _____ Doctor: _____

Orthodontic consultation prompted by? Patient Dentist Mother Father Spouse

Siblings Physician Friend Other (specify): _____

Patient's interest in orthodontic treatment:

Excited about starting treatment ___ Neutral about treatment ___ Against having treatment ___

What is the primary concern?

What is expected from orthodontic treatment? _____

Additional comments you wish to make?

Signature of individual completing this form: _____

Relationship to patient _____ **Today's Date:** _____

* Insurance carriers require all pertinent information to determine primary and/or secondary insurance coverage. All parties must consent or benefits cannot be accessed. Coverage is employer specific.