

CONFIDENTIAL



CHARLES de IORIMIER dds  
O R T H O D O N T I C S

## Preliminary Information

Date \_\_\_\_\_

Patient's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Patient's Address - Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Patient is Single, Married Widowed Separated Divorced

Occupation \_\_\_\_\_ Social Security # \_\_\_\_\_ Insurance \_\_\_\_\_

Business Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Insurance \_\_\_\_\_

Business Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Person Responsible for Account \_\_\_\_\_

Physician \_\_\_\_\_ Dentist \_\_\_\_\_

Who may we thank for referring you to our office? \_\_\_\_\_

Favorite Sports, Hobbies & Avocations \_\_\_\_\_

For the following questions circle yes, no, or don't know/understand (dk/u). The answers are for office records only and will be considered confidential. A thorough and complete history is vital to a proper orthodontic evaluation.

### MEDICAL HISTORY

- |  |   |
|--|---|
| yes no dk/u Birth defects or hereditary problems?          | yes no dk/u AIDS or HIV Positive?   |
| yes no dk/u Bone fractures, any major accidents?           | yes no dk/u Sexually transmitted disease?   |
| yes no dk/u Rheumatoid or arthritic conditions?            | yes no dk/u Fainting spells, seizures, epilepsy or neurologic disorders               |
| yes no dk/u Endocrine or thyroid problems?                 | yes no dk/u Mental health or behavioral problems?                                     |
| yes no dk/u Kidney problems?                               | yes no dk/u Vision, hearing, tasting or speech difficulties?                          |
| yes no dk/u Diabetes?                                      | yes no dk/u Loss of weight recently, poor appetite?                                   |
| yes no dk/u Cancer or been treated for a tumor?            | yes no dk/u Excessive bleeding, black and blue tendency, anemia or bleeding disorder? |
| yes no dk/u Stomach ulcer or hyperacidity?                 | yes no dk/u High or low blood pressure?   |
| yes no dk/u Polio, mononucleosis, tuberculosis, pneumonia? | yes no dk/u Easily tired?   |
| yes no dk/u Problems of the immune system?                 | yes no dk/u Chest pain, shortness of breath or swelling ankles?                       |
| yes no dk/u Hepatitis, jaundice or liver problem?          |   |

