



Preliminary Information

Date _____

Patient's Name _____ Nickname _____ Sex _____

Birthdate _____ Age in years _____ Phone _____

Home Address _____ City and Zip _____

Father / Husband Name _____ Occupation _____

Social Security Number _____ Marital Status _____

Home Address _____ City and Zip _____ Phone _____

Business Name & Address _____ Phone _____

Mother / Wife Name _____ Occupation _____

Social Security Number _____ Marital Status _____

Home Address _____ City and Zip _____ Phone _____

Business Name & Address _____ Phone _____

Person Responsible for Account _____

Is patient covered by Orthodontic insurance? _____

Insurance Name & Phone _____

Family Physician _____ Family Dentist _____

Who may we thank for referring you to our office? _____

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 of 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? | |

