Medical Information

Patient's Physician:________________________________ Is patient in good health? Y / N

Does patient have any history of major illness? ____

Has patient been treated by a Physician for: (Check where appropriate)

- ☐ Asthma
- ☐ Anemia
- ☐ Diabetes
- ☐ Hepatitis
- ☐ Endocrine Problems
- ☐ Bone Disorders
- ☐ A. I. D. S.
- ☐ Heart problems
- ☐ Rheumatic Fever
- ☐ Kidney Problems
- ☐ Presently Pregnant
- ☐ Removal of Tonsils (age) ___________
- ☐ Liver Problems
- ☐ Allergies
- ☐ Emotional Problems
- ☐ Epilepsy
- ☐ Prolonged Bleeding

Is patient taking prescription medications? Y / N

(if yes please list)____

Any allergies?____

If patient is a minor: Has puberty been reached? (menstruation or voice change) Y / N

Patient's attitude toward orthodontic treatment? ☐ Eager ☐ Complacent ☐ Antagonistic

Dental Information

Name of general dentist:____

What concerns you the most about your teeth that caused you to seek Orthodontic Treatment?

____

	Yes	No	More Information
Has patient had a recent dental exam?			
Injuries to mouth or teeth?			
Clicking or pain when opening jaws?			
Has jaw ever locked open?			
Difficulty chewing or eating?			
Teeth grinding or clenching?			
Previous orthodontic treatment? When?.			
Has dentist removed primary (baby) teeth?			
Has dentist removed permanent teeth?			
Thumbsucking or finger habits?			
Frequent mouth sores?			
Is patient a mouth breather?			
Has anyone else in the family worn braces?			
High intake of sweets?			
Any traumatic dental experiences?			
Any other dental concerns/problems?			

Emergency Contact Information

Name of nearest relative not living with you ______________________ Relation to patient ____________

Phone Number __________________ Address ____

I have answered completely and accurately. I realize I must inform the doctor of any change in my or my child's health history during treatment. I authorize release of financial and insurance information, including credit bureau reports, relating to this treatment and authorize payment by my insurance company directly to Dr. Guymon.

Signature (Parent's signature if minor) ____