CONFIDENTIAL

Medical Dental History Form (Adult)

Date____/____/_____

Name_____ Birth date___/___/____ Age_____ Sex: M F

Home Address_____City_____Zip Code_____

Home Phone_____Cell Phone_____Email_____

Appointments will be verified by email and optional text messages

Employer_____Business Phone_____

Spouse's Name_____Birth date___/___/____

Employer_____Business Phone_____

Emergency Contact _____Phone_____Relationship_____

Names and ages of children under 18_____

Do you have insurance coverage for orthodontic treatment? Yes No

Employee Name_____ID#_____SSN#_____Birthdate___/___/____

Insurance Company_____Employer_____ Group #_____

Employee Name_____ID#_____SSN#_____Birthdate___/___/____

Insurance Company_____Employer_____ Group # _____

Medical/Dental History

Are you in good health? Yes No Explain:_____

Are you or have you been under the care of a physician for a major illness? Yes No Explain: _____

_____

Now or in the past, have you had:

___Diabetes	___Heart Trouble/Defects	___Bone Disorder	___Endocrine Problems
___Tuberculosis	___Seizures	___Kidney Problems	___Nervous Disorders
___Pneumonia	___Fainting Spells or Dizziness	___Liver Problems	___Thyroid Problems
___Prolonged Bleeding	___Rheumatic Heart Disease	___Hepatitis	___AIDS or HIV Positive
___Anemia	___Asthma	___Hyper/Hypotension	___Mental Health Disturbance
___Cancer	___Vision or Hearing Problems	___Osteoporosis	___Depression
___Speech Problems	___Injury to Mouth/Teeth	___Injury to Face	___Periodontal/Gum Disease

List all drugs or medications now being taken, give reasons: _____

_____

Is premedication (antibiotics) required for dental procedures? Yes No Why?_____

List all allergies or drug sensitivity (including anesthetics, latex and metals)_____

Yes No Women: Are you pregnant, possibly pregnant or trying to become pregnant?

Yes No Have you been informed of any missing or extra permanent teeth?

Yes No Have you ever been told you have TMJ/TMD problems or been treated for TMJ/TMD?

Yes No Have you ever had any previous orthodontic consultations?

What concerns you about your teeth:_____

Dentist_____

Referred by_____ _____

Signature