Medical Information
Is the patient under care of a physician for a specific condition or taking any drugs? Please List: Drugs
Has patient ever been under the care of a physician during the past two years? Yes \(\sigma\) No \(\sigma\)
CHECK ANY OF THE FOLLOWING FOR WHICH THE PATIENT HAS BEEN TREATED
Diabetes HIV/AIDS Epilepsy Endocrine Problems Pneumonia Hepatitis Asthma Prolonged Bleeding Heart Trouble Tuberculosis Kidney Involvement Fainting or Dizziness Rheumatic Fever Anemia Emotional Problems Nervous Disorders Bone Disorders Hyperactive Cerebral Palsy Liver Involvement
List any other serious illnesses and operations not mentioned above
List any allergies or drug sensitivity
Has the patient had any allergic reactions to latex? Yes □ No □ Have Tonsils and Adenoids been removed? Yes □ No □ (If so, what age?)
Dental History ————
YES NO Has patient ever sucked thumb or finger? Until what age? Does the patient breathe predominately through the mouth? Does the patient clench or grind the teeth (at night)? Does the patient have pain or clicking during jaw movement? Have you been informed of missing permanent teeth? Have you been informed of any extra teeth? Have you had any previous orthodontic consultation or treatment? Is patient adopted? At what age? Has either parent had orthodontic treatment?
Chief Concern or Comments