## **MEDICAL HISTORY**

	s or No (If Yes, please fill in details)  Are you taking any medication?  Are you allergic to any medication?		
No			
	Are you taking any medication?		
No			
-	Are you allergic to any medication?		
No	Do you have a history of a major illness?		
No	Have you had any operations?		
No	Have you had any operations?Have you ever been involved in a serious accident?		
Yes No Have seen a physician in the last 12 months? Why?			
y of the	medical conditions below that you have had or cu	rrently have.	
l bleedir	ng/Hemophilia Diabetes	Hepatitis/Liver problems	Pneumonia
	Dizziness	Herpes	Prolonged Bleeding
	Epilepsy	High Blood Pressure	Radiation/Chemotherapy
or Hayfe	ver Gastrointestinal Disorders	HIV / Aids	Rheumatic Fever
orders	Heart Problems	Kidney problems	Tuberculosis
al Heart	Defect Heart Murmur		Tumor or Cancer
	DENTAL HI	STORY	
Dentist_		Date of last visit	
ncerns y	ou most about your teetn?		
No	Are you presently in any dental pain?		
No	Have you ever experienced any unfavorable reaction to dentistry?		
No	Have you ever lost or chipped any teeth?		
No	Have there been any injuries to face, mouth, or teeth?		
No	Is any part of your mouth sensitive to temperature? Where?		
No	Is any part of your mouth sensitive to pressure? Where?		
No	Do your gums bleed when you brush?		
No	Do you have any type of thumb or tongue habit?	)	
No			
No			
	What is your attitude toward receiving orthodonti	ic treatment?	
	Has anyone in your family received orthodontic t	treatment?	
110			
Nο	Do your teeth or laws ever feel uncomfortable when you awake in the morning?		
	Are you aware of your law clicking or popping?		
	Are you aware of clenching your teeth during the	a day?	
	If the notions is under one 46 height of negative	Mom Dod	
	If the patient is under age 16, neight of parents?	Worn Dad	
NO	Are you aware that some appointments will be d	uring school/work hours?	
	Please list some nobbles or interests		
	Female Patients only:		
	Are you pregnant?		
	No No No y of the I bleedin or Hayfe orders al Heart any me Cerns y No	No Have seen a physician in the last 12 months? We yof the medical conditions below that you have had or cut libeding/Hemophilia Diabetes Dizziness Epilepsy Or Hayfever Gastrointestinal Disorders Heart Problems Heart Defect Heart Murmur Any medical conditions we have not discussed that you for the problems which was all Heart Defect Heart Murmur Any medical conditions we have not discussed that you for the problems which was all heart Defect Heart Murmur Any medical conditions we have not discussed that you for the problems which was all heart Defect Heart Murmur Any medical conditions we have not discussed that you for the problems which was any medical conditions we have not discussed that you for the problems which was any part of your teeth?  No Have you ever lost or chipped any teeth? No Have there been any injuries to face, mouth, or the problems which was any part of your mouth sensitive to temperature which was any part of your mouth sensitive to pressure? No Do your gums bleed when you brush? No Do your gums bleed when you brush? No Are you a mouth breather? No Have you ever seen an orthodontist? If yes, which was anyone in your family received orthodontic flow did they feel about the result? No Do your teeth or jaws ever feel uncomfortable we have you aware of clenching your teeth during the have you aware of clenching your teeth during the have you aware of clenching your teeth during the have you aware of clenching your teeth during the have you aware of clenching your teeth during the have you aware of clenching your teeth during the have you aware of clenching your teeth during the have you aware of clenching your teeth during the have you aware that some appointments will be defended the problems.  No Heart Murmur  DENTAL HI  DENTAL HI	y of the medical conditions below that you have had or currently have.  I bleeding/Hemophilia  Diabetes Dizziness Herpes Epilepsy High Blood Pressure Hayfever Gastrointestinal Disorders Heart Problems Al Heart Defect Heart Murmur Nervous Disorders any medical conditions we have not discussed that you feel we should be aware of?  Dentist Den