Patient Name:_____ Today's Date: _____
Date of Birth: _____ Age ___ Nickname _____
Name of your physician: _____ Office Phone: _____
Physician's Address: _____ Date of last exam: _____

1. Are you in good health? ..…… Yes No Don't Know
2. Do you have a health problem? ……..……. Yes No Don't Know
   If yes, explain: _____
3. Have you ever been hospitalized, had general anesthesia, or emergency room visits? …….. Yes No Don't Know
4. Are your immunizations up to date? …… Yes No Don't Know
5. Do you have allergies to medications (drugs), medical products (latex), or the environment (dust, mites, pollen, mold)?……..……... Yes No Don't Know
6. List past medications taken : _____
7. List daily medications you are now taking: _____
8. Have you ever had or been treated by a physician for:

Check one for each condition

Yes	No	?			Yes	No	?	
			a. Problems at birth					p. Cancer
			b. Heart murmur					q. Cerebral Palsy
			c. Heart disease					r. Seizures
			d. Rheumatic fever					s. Asthma
			e. Anemia					t. Cleft lip/palate
			f. Sickle Cell anemia					u. Speech or hearing problems
			g. Bleeding/hemophilia					v. Eye problems/contact lenses
			h. Blood transfusion					w. Skin problems
			i. Hepatitis					x. Tonsil/adenoid/sinus problems
			j. AIDS or HIV+					y. Sleep problems
			k. Tuberculosis					z. Emotional/behavior problems
			l. Liver disease					aa. Radiation therapy
			m. Kidney disease					bb. Growth problems
			n. Diabetes					cc. Attention deficit disorders
			o. Arthritis					

9. What is your main concern about your dental condition? _____
10. Have you been to a dentist before?….. No Yes If yes, date of last visit: _____
11. Regular dentist's name: _____
12. Check one for each condition:

Yes	No	?	
			a. Have you ever had dental x-rays? Date of last x-rays? _____
			b. Will you be uncooperative? If yes, explain: _____
			c. Have you experienced any complications following dental treatment? If yes, explain: _____
			d. Have you had cavities and/or toothaches?
			e. Are your teeth sensitive to temperature or food?
			f. Did you ever get instructions in brushing?
			g. Do your gums bleed when brushed?
			h. Do you use fluoride products: rinses, drops, tabs?
			i. Do you or have you had any clicking or pain in the jaw joint?
			j. Do or have you had any problems opening or closing their mouth?
			k. Have you inherited any family facial or dental characteristics? If yes, explain: _____
			l. Have you ever injured your teeth?
			m. Have you ever injured your jaws or face?
			n. Does or did you use a pacifier as a child?
			o. Does or did you suck your fingers or thumb as a child?

13. Spouse's Name _____ Maiden Name _____
14. Residence Address _____
15. City _____ State _____ Zip _____
16. Mailing Address (if different) _____
17. City _____ State _____ Zip _____
18. E-Mail Address _____
19. Telephone: Residence _____ Other _____
20. Your Work # _____ Spouse's Work # _____
21. Your Employed by _____
22. Present position _____How long held? _____
23. Spouse employed by _____
24. Present position _____ How long held? _____
25. Person responsible for account _____
26. Name of Your Dental Insurance _____
27. ID/Policy# _____Group# _____
28. Name of Spouse's Dental Insurance _____
29. ID/Policy# _____ Group# _____
30. Other Insurance Name _____Policy Holders Name_____
31. ID/Policy# _____ Group# _____
32. Your Social Security Number _____ Birthdate _____
33. Spouse's Social Security Number _____ Birthdate _____
34. Do you have any other dental problems we should know about? _____ Please explain: _____
_____
35. Whom may we thank for referring you to our office? _____
36. By signing this form I understand that, where appropriate, credit information may be obtained.
37. Person completing this form: Signature _____
Relationship to patient: _____

ANNOTATION ON SELECTED QUESTIONS

2. This helps establish patient's social-emotional status.
3. This helps establish a history of trauma
4. In the instance of oral-facial trauma the DPT status is critical. Soft tissue injury is increased with appliances in place.
5. This helps identify allergies to all types of allergens. One must also consider latex used in dental treatment gloves and elastics. This sensitivity is increasing rapidly in population.
8b,c,d,f: These patients need antibiotic coverage during banding and debanding procedures.
8g,h,I,j,k : With modern infection control procedures, these patients can be treated, but the treatment may need to be modified.
8o. This may relate to mandibular growth and development.
8p. This will help determine treatments using radiation or chemotherapy that can alter dental development, jaw growth, or somatic growth, depending on the site of the lesion and the treatment.
8x. This can help with evaluation of respiratory problems and tooth sensitivity.
8aa. Radiation therapy to the jaws can greatly alter local dental and skeletal development. The risk of osteoradioecrosis is also a risk in these patients depending on the radiation dosage and the type of treatment under consideration.
8bb. Some children with growth problems may be treated with growth hormones, which can have implications for growth modification treatment timing. In some cancer patients, growth hormones can be apart of the post –radiation regime. This, too, can affect treatment timing.
8cc, Attention Deficit Disorders can be treated with numerous drugs. The affect on growth of some of these medications is unclear.
9. The chief complaint is critical to determine why the patient is seeking care. This must be considered carefully in the planning of the treatment.
12a. Reduction in unnecessary radiation is critical to the highest quality care. Many practitioners will request films as part of the examination procedures. Patients seeking second opinions often have already had some records obtained.
12g. Orthodontic treatment in the face of periodontal disease, either acute or chronic, is contraindicated until the disease stage is either controlled or reversed.
12i. A previous history of TMJ problems or treatment merits pretreatment investigation.
12j. Limitations with opening or closing ca indicate TM problems.
12k. Familial tendency is indicated in some skeletal patterns, and missing teeth have a documented genetic component.
12l. Dental trauma may have implications during tooth movement due to the increased possibility of root resorption.
12n,o. Habits may explain some aspects of the malocclusion.
13-33. Information that is needed for contacting patient/responsible parties, process insurance forms, and check credit history (if necessary).
37. This helps establish the authenticity of the historian.