

HEALTH HISTORY for _____

MEDICAL HISTORY

Patient's Physician _____

HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING MEDICAL PROBLEMS?

- Y N Abnormal bleeding
- Y N Allergies to any drugs
- Y N Allergy to latex
- Y N Allergy to metals or plastics
- Y N Any hospital stays
- Y N Any operations or surgery
- Y N Asthma
- Y N Cancer, leukemia, lymphoma
- Y N Congenital heart defect
- Y N Convulsions, seizures or epilepsy
- Y N Diabetes
- Y N Emotional problems, hyperactivity
- Y N Handicaps or learning disabilities
- Y N Hearing impairment
- Y N Heart murmur
- Y N Hemophilia
- Y N Hepatitis
- Y N HIV or AIDS
- Y N Kidney or Liver problems
- Y N Psychological or psychiatric problems
- Y N Rheumatic or scarlet fever
- Y N Tuberculosis

PLEASE DISCUSS ALL YES ANSWERS BELOW

Describe your child's current physical health:

Good Fair Poor

Please list all drugs that your child is currently taking: _____

Please list all drugs or substances that your child is sensitive to: _____

Reviewed by _____ Updated _____

Doctor's Comments:

DENTAL HISTORY

Patient's Dentist _____

- Have tonsils or adenoids been removed? Y N
- Have there been any injuries to the jaws, mouth, chin or teeth? Y N
- Have you been informed of any missing or extra permanent teeth? Y N
- Has your child ever had any pain, clicking or tenderness in the jaw joints (TMJ)? Y N
- Does your child get frequent or severe headaches? Y N
- Has your child ever been evaluated for or had orthodontic treatment before? Y N
- Has your child ever been advised to take antibiotics prior to dental treatment? Y N

DOES YOUR CHILD CURRENTLY HAVE ANY OF THE FOLLOWING HABITS OR PROBLEMS?

- Y N Clenching or grinding the teeth
- Y N Lip sucking or biting
- Y N Mouth breathing
- Y N Nail biting
- Y N Speech problems
- Y N Thumb or finger sucking
- Y N Tongue thrust
- Y N Frequently chapped lips
- Y N Chewing on pen caps or pencils

What are the main concerns that you would like orthodontic treatment to accomplish?

I understand that the information that I have given is correct to the best of my knowledge, that it will be held in the strictest of confidence and that it is my responsibility to inform this office of any changes in my child's medical status.

Signature of parent or guardian

Date
