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WHAT WOULD YOU LIKE ORTHODONTICS TO ACCOMPLISH?

Has the child ever been evaluated or had orthodontic treatment before? Y N

Have there been any injuries to the face, mouth, teeth or chin? Y N

List any musical instruments played _____

Have adenoids or tonsils been removed? Y N

Has your child been informed of any missing or extra permanent teeth? Y N

Has the child even had any pain / tenderness in his / her jaw joint (TMI/TMD)? Y N

Does the child brush his/her teeth daily? Y N

Floss his/her teeth daily? Y N

Child's Physician: _____

Phone#: () _____

Date of Last Visit: _____

Is child currently under the care of a physician? Y N

Has puberty begun? Y N

Has menstruation begun? (Girls) Y N

Please describe the child's current physical health:

- Good Fair Poor

Please list all drugs that the child is currently taking:

Please list all drugs/things that the child is allergic to:

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

- Y N Abnormal Bleeding
- Y N Allergies to Any Drugs
- Y N Allergic to Latex/Metals
- Y N Allergic to Plastics
- Y N Any Hospital Stays
- Y N Any Operations
- Y N Asthma
- Y N Cancer
- Y N Congenital Heart Defect
- Y N Convulsions/Epilepsy
- Y N Diabetes
- Y N Handicaps/Disabilities
- Y N Hearing Impairment
- Y N Heart Murmur
- Y N Hemophilia
- Y N Hepatitis
- Y N HIV +/- AIDS
- Y N Kidney/Liver Problems
- Y N Rheumatic/Scarlet Fever
- Y N Tuberculosis (TB)

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

Signature of parent or guardian Date

I verbally retrieved the medical / dental information above with the parent / guardian & patient named herein.
Doctor's Comments Initials: _____ Date: _____

The Parent or Guardian who accompanies the child is responsible for payment at times of service unless prior arrangements have been made. Our office is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDA and the ADA.

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