

Dental History

In your words, what are your orthodontic concerns? _____

Have you had any previous orthodontic treatment or consultation? YES NO

If so, what work was completed, and by whom? _____

Have any other family members had orthodontic treatment? _____

If so, what work was completed and by whom? _____

Were the results acceptable? YES NO

Do you now have or have you ever experienced pain or discomfort in your jaw joints? YES NO

Do you have any current dental pain or discomfort? YES NO

Do you grind your teeth? YES NO

Do you have any speech problems? YES NO

Do you have or have you ever had any thumb or finger sucking habits? YES NO

Do you usually breathe through your mouth while awake? YES NO

Have you ever experienced an adverse reaction during a medical or dental procedure? YES NO

Have you ever received serious trauma or injury to the teeth, face, jaws or head? YES NO

Will you best describe your attitude toward orthodontic treatment:

Want treatment Treatment is necessary Unwilling, but agree Uncooperative

Medical History

Do you have, or have your ever had: Diabetes Heart Murmur Artificial joints or heart valves

Are you under the care of a physician for any specific condition? YES NO

If yes, please describe _____

Are you pregnant or planning on becoming pregnant? YES NO

Are you taking any medication? YES NO

If yes, please list _____

Please check if you have any of the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> AIDS/HIV positive | <input type="checkbox"/> Convulsions or Epilepsy | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Rheumatic/Scarlet fever | <input type="checkbox"/> Asthma or hay fever |
| <input type="checkbox"/> Endocrine or growth problems | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Blood pressure problems |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Headaches | |

Allergies (list specific allergies) _____

Authorization

Benefits of Orthodontics: Aesthetics, Health and Function. Orthodontics is a service that provides an improvement in the appearance of the teeth, in the general function of the teeth, and in general dental health. Teeth, gums, and jaws are intricate body parts and can fail to respond to treatment. If good oral hygiene is not practiced, tooth decay and enlarged gyms can result. Joint discomfort and root shortening are observed in a small percentage of cases. Teeth move throughout our lifetime and there can be some movement of teeth after treatment. I have read and understand this paragraph. I have truthfully answered all the above questions and agree to inform this office of any changes in my medical or dental history. I understand that, where appropriate, credit bureau reports may be obtained. In addition, I authorize the Doctors & Staff of Paul DiFranco Orthodontics to perform a complete orthodontic evaluation.

Signature _____ Date _____