• ORTHODONTICS • PATIENT HEALTH RECORD

Please Print Legibly

	(Last)	(First)		(Middle)	
MEDICAL HEALTH:	Excellent	F	air	Poor	
Name and address of Ph	ysician:				
Date of last visit:					
Have you ever been trea		No		Yes	N
Heart Disease			Anemia	· · <u></u>	
Rheumatic Fever			Congenital heart lesions		
Abnormal blood pres			Heart murmur		
Ulcers		(New York of the Control of the Cont	Asthma		
Tuberculosis or lung			Osteoporosis		
Diabetes			Hepatitis	• •	// Water State
Epilepsy		-	Arthritis		
Glaucoma			AIDS or HIV positive .	• •	
Are you subject to prolor	nged bleeding?				
	ng spells?			• •	
Do vou have excessive ur	rination and/or thirst?		,	• •	***************************************
	nant? No	Yes		· · —	-
			_ Due Date		
For what purpose	cation now? No	Yes	-		
Oo you have any allergies	s?	Yes	If Yes, please list them		
No thoro any other medi	ical conditions that we should	d ho awaro of?	No. Vos		
	ical conditions that we should	u be aware or:	No Yes		
If Yes, please list t	them			MOTOR CONTRACTOR CONTR	
	them				
If Yes, please list t	:hem				
If Yes, please list t					
If Yes, please list t			:		
If Yes, please list to DENTAL HEALTH: lame and address of Den					
If Yes, please list to DENTAL HEALTH: lame and address of Den	ntist:		:	Yes	No
If Yes, please list to DENTAL HEALTH: lame and address of Dental Pate of last visit:	ntist:			Yes 	No
If Yes, please list to DENTAL HEALTH: lame and address of Dentate of last visit: o your gums bleed while o you have sensitive tee	e brushing?			Yes · · ·	No
If Yes, please list to DENTAL HEALTH: lame and address of Dental late of last visit: o your gums bleed while o you have sensitive tee o you clench you jaws on	e brushing?	oing?		Yes	No
DENTAL HEALTH: lame and address of Dentate of last visit: lo your gums bleed while to you have sensitive tee you clench you jaws or during the day?	e brushing?	oing?		Yes	No
If Yes, please list to DENTAL HEALTH: Iame and address of Dentate of last visit: To your gums bleed while o you have sensitive tee o you clench you jaws or during the day? ave you ever had speech	e brushing?	oing?		Yes	No
If Yes, please list to DENTAL HEALTH: Iame and address of Dentate of last visit: To your gums bleed while to you have sensitive tee to you clench you jaws or or during the day? ave you ever had speech o you play a musical inst	e brushing?	oing?		Yes	No
DENTAL HEALTH: Name and address of Den Date of last visit: Do your gums bleed while Do you have sensitive tee Do you clench you jaws or or during the day? Iave you ever had speech Do you play a musical inst	e brushing?	oing?		Yes	No
DENTAL HEALTH: Name and address of Den Date of last visit: Do your gums bleed while Do you have sensitive tee Do you clench you jaws of or during the day? Nave you ever had speech Do you play a musical inst oid you suck thumb or fin	e brushing?	oing?		Yes	No
DENTAL HEALTH: Jame and address of Den Deate of last visit: Do your gums bleed while Do you have sensitive tee Do you clench you jaws of Or during the day? Jave you ever had speech Do you play a musical inst Did you suck thumb or fin Jave you ever had previously by whom?	e brushing?	oing?		Yes	No