

WELCOME TO NORTH JERSEY ORTHODONTICS

MEDICAL AND DENTAL HISTORY

***Patient Information:**

Name _____ Nickname _____

ID# _____ Date of Birth _____ Age _____ Grade _____

School: _____

Hobbies/Sports/Interests _____

List any musical instruments played _____

Brothers/Sisters with ages _____

Child's Home Address _____

Child's Home Telephone Number _____

General Dentist _____ Date of Last Visit _____

***Medical History**

Child's Physician _____ Date of Last Visit _____

Has your child ever had any of the following medical problems? (Circle)

Y N Allergic to Latex/Metals

Y N Congenital Heart Defect

Y N Heart Murmur

Y N Convulsions/Epilepsy

Y N Cancer

Y N Abnormal Bleeding

Y N Diabetes

Y N Hearing Impairment

Y N Rheumatic Fever

Y N Any operations

Y N HIV+/AIDS

Y N Any stays in a hospital

Y N Hemophilia

Y N Kidney/Liver Problems

Y N Asthma

Y N Handicaps/Disabilities

Y N Hepatitis

Y N Allergies to any drugs

Y N Tuberculosis (TB)

Please list any drugs you are currently taking: _____

Please list any drugs you are allergic to: _____

Recent growth spurts? _____

Has puberty begun? _____ Has menstruation begun (girls)? _____

***Dental History**

What are the chief reasons for seeking treatment, what would you like orthodontics to accomplish?

Does your child have any of the following habits? (Circle)

Y N Thumb/Finger Sucking

Y N Mouth Breathing

Y N Lip Sucking/Biting

Y N Speech Problems

Y N Clenching/Grinding Teeth

Y N Nail Biting

Y N Tongue Thrusting

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

Have adenoids or tonsils been removed? Y N

Does your child have any missing or extra teeth? Y N

Has your child ever had any pain/tenderness in his/her jaw? Y N

Does your child brush daily? Y N

Floss daily? Y N

I understand that the information that I have given today is correct to the best of my knowledge.

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

Signature of parent or Guardian

Date