

Emergency Information

Name of nearest relative not living with you _____

Complete Address _____

Phone _____ Relationship: _____

Confidential Medical and Dental History

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

Y N	Abnormal bleeding	Y N	Congenital heart defect	Y N	Hepatitis
Y N	Allergies to any drugs	Y N	Convulsions/Epilepsy	Y N	HIV/AIDS
Y N	Allergy to latex	Y N	Diabetes	Y N	Kidney/Liver problems
Y N	Any hospital stays	Y N	Endocrine/Growth disorders	Y N	Nickel allergy
Y N	Any operations/surgery	Y N	Handicaps/Disabilities	Y N	Rheumatic/scarlet fever
Y N	Asthma	Y N	Hearing impairment	Y N	Tonsils/adenoids removed
Y N	Cancer	Y N	Heart murmur	Y N	Tuberculosis
Y N	Chronic sinus problems	Y N	Hemophilia/Blood disorders	Other	_____

Has your child ever been told to take an antibiotic prior to dental visits? Y N

Is your child currently under the care of a physician for any medical problems? Y N

Please discuss any **yes** answers in the space provided: _____

Please describe your child's current physical health: Good Fair Poor

When was your child's last physical? _____ Child's Physician: _____

Please list any drugs/medications that your child is taking: _____

Does your child have any of the following habits?

Y N	Clenching or grinding teeth	Y N	Nursing bottle habit
Y N	Smoking	Y N	Speech problems and/or speech therapy
Y N	Mouth breathing	Y N	Thumb or finger sucking
Y N	Nail biting	Y N	Tongue thrust

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

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

Has your child ever received an injury to the face, mouth, teeth, or chin? Y N

Have you been informed about any missing or extra permanent teeth? Y N

Has your child ever had any pain, tenderness, and/or clicking in the temporomandibular joint (TMJ)? Y N

Please discuss **yes** answers to the above questions: _____

Does your child have good oral hygiene habits? Y N

Does your child see a general dentist regularly for check-ups? Y N

Please make any other comments that you feel may be helpful _____

I understand that the information that I have provided 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