

NEW PATIENT INFORMATION and HEALTH HISTORY- MEADOWS ORTHODONTICS

Meadows Orthodontics, Dan Rejman, DDS, MS

PATIENT INFORMATION (Adult or Minor):

NAME: _____ Patient's Date of Birth: ____/____/____
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE: _____ RESPONSIBLE PARTY E-MAIL: _____

PARENT INFORMATION (for minors only):

MOTHER:

Name: _____
Address: _____
Cell: _____

FATHER:

Name: _____
Address: _____
Cell: _____

Marital Status: Married ____ Separated: ____ Divorced: ____ Widowed: ____ Single ____

ADULT PATIENTS: Name of Spouse: _____ Spouse's cell phone: _____

MEDICAL HISTORY:

Is the patient experiencing any health problems? Yes ____ No ____
Drug sensitivities & allergies? If yes, please list: _____
Currently taking medications? If yes, please list: _____
Allergies? If yes, please list: _____

Does the patient have a nickel or metal sensitivity? Yes No Explain: _____

Is there any possibility that the patient could be pregnant? _____

PLEASE CHECK IF THE PATIENT HAS OR HAD ANY OF THE FOLLOWING:

- _____ Heart murmur: (If checked, has the patient ever been advised to take antibiotics prior to dental treatment? YES NO)
- _____ Anemia _____ Heart Disease _____ Mouth Breathing _____ Tuberculosis
- _____ Blood Disease _____ Frequent cold/flu's _____ Tonsillitis _____ Diabetes
- _____ Prolonged bleeding _____ Endocrine problems _____ Hepatitis _____ Rheumatic Fever
- _____ Herpes _____ Asthma _____ Epilepsy/Seizures Disorder
- _____ Bone Disorders _____ Tonsils removed? If so, age: _____
- _____ Adenoid or Sinus Infections _____ Adenoids removed? If so, age: _____

DENTAL HISTORY:

Patient's dentist (general cleanings)? _____
Has the patient had any severe jaw or facial injuries? Yes No Explain: _____
List any injuries to teeth: _____
Have you had an orthodontic consult previously? _____

CHECK IF THERE IS A HISTORY OF:

- ___ Clenching Teeth ___ Muscular soreness around head/neck ___ Jaw soreness ___ Jaw Popping
- ___ Grinding Teeth ___ Excessive headaches ___ Jaw Joint Clicking ___ Ringing in the ears

Why are you seeking an orthodontic consultation?

Signature: _____

Date: _____

Have a wonderful orthodontic consultation! We're so glad that you're here! ☺