

DENTAL HISTORY

Has the patient ever sucked a thumb or fingers? Yes No Until what age? _____

Does the patient have any speech problems? Yes No

Is the patient a mouth breather? Yes No

Have you been informed of any missing or extra permanent teeth? Yes No

Has an orthodontist been consulted previously? Yes No

If (yes), the who _____ Where ? _____ When ? _____

Please circle your reasons for seeking orthodontic advice.

Crowding	Receded jaw	Clicking jaw joint	Space between teeth	Headaches/Facial pain
Over-bite	Prominent jaw	Irregularly shaped teeth	Missing teeth	Jaw Pain
"Buck" teeth	Gummy Smile	Protrusion of teeth	Ringling/Stuffiness of ears	Other: _____

Is patient pregnant? Yes _____ No _____ If yes, when is baby due? _____

Does the patient have or ever been treated for problems with jaw joints or facial muscle spasms? Yes No
(Mouthguard, splint, or other devices worn between the teeth?)

If (yes), please explain _____

Does patient experience any problems on opening or closing jaw when speaking, eating, other? Yes No

If (yes), please explain: _____

Does patient grind or clench his/her teeth? Yes No

Has patient ever had periodontal (gum) treatment? Yes No

If (yes), please explain _____

Has patient ever had any teeth removed? Yes No

If (yes), please explain _____

Does patient have any difficulty chewing or swallowing food? Yes No

Are patient's teeth or gums sensitive to heat, cold, or pressure? Yes No

Does patient play any musical instrument that touches his/her lips? Yes No

Has patient ever had trauma or an accident to the head, face, jaws, or teeth? Yes No

If (yes), please explain _____

To the best of my knowledge, all of the preceding answers are true and correct. If there are ever any changes in health status and/or medications, I will inform Dr. Colb/Dr. Hunter at the next appointment. I also grant the right to Dr. Colb/Dr. Hunter to release health information regarding my (or my child's) orthodontic treatment to third party payors and/or other health practitioners.

Signature of Patient, Parent or Legal Guardian: _____

Please print name: _____

Reviewed by Dr. Michael A. Colb: _____
Date: _____

Updated _____

Updated _____

Reviewed by Dr. Craig Hunter: _____
Date: _____

Updated _____

Updated _____