PATIENT MEDICAL/DENTAL HISTORY

Name: _____

Date: _____

**PLEASE MARK ANY ITEMS THE PATIENT HAS A HISTORY OF:**

- ☐ High blood pressure
- ☐ Drug/alcohol abuse
- ☐ Learning disabilities
- ☐ Venereal disease
- ☐ Excessive bleeding
- ☐ Blood transfusion
- ☐ AIDS
- ☐ Psychotherapy
- ☐ Anemia
- ☐ Lupus
- ☐ TB
- ☐ Asthma
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Convulsions
- ☐ Heart murmur
- ☐ Chronic cough
- ☐ Mononucleosis
- ☐ Thyroid condition
- ☐ Arthritis
- ☐ Smoking
- ☐ Smokeless tobacco
- ☐ Fainting
- ☐ Hypoglycemia
- ☐ Hepatitis
- ☐ Hearing loss

**PLEASE MARK ALL THAT APPLY AND PROVIDE EXPLANATION:**

☐ Allergies to drugs/ medications

_____

_____

☐ Surgery

_____

_____

☐ Under care of dentist, physician, chiropractor

_____

_____

☐ Car accident

_____

_____

☐ Head, neck, or face injury

_____

_____

☐ Frequent headaches

_____

_____

☐ Does jaw pop, click, or lock

_____

_____

☐ Pain in face, jaw, or back

_____

_____

☐ Grind or clench teeth

_____

_____

☐ Medical problems requiring premedication for dental work

_____

_____

**LIST ANY AND ALL DRUGS YOU ARE TAKING:**

(INCLUDE NAME AND REASON FOR USE)

_____

_____

_____

**I certify that the above information is correct**

SIGNATURE: _____ DATE: _____

Print_____ Relationship to patient_____

Patient Name:_____ Male__ Female__ Date: _____

Age____ Med Hx_____ Dent Hx_____ Injuries_____Missing_____ 3rd Molars_____

Molar Classification_____ Cuspid Classification_____ Crowding_____ Spacing_____

Crossbite_____ Pathology_____ Overbite_____ Overjet_____ Facial Symmetry_____

Midline Dis_____ Func. Midline Dis _____ Profile_____Hygiene_____

Cooperation _____Extractions_____

Habits: Thumb Sucking Mouth Breathing Tongue Thrust Finger Sucking

Nail Biting Lib Biting Bruxism Clenching

Other: _____

TMJ chief complaint_____ Pain _____

Popping, clicking, grating subluxation _____Headaches/Dizziness_____

Ear ringing, fullness, loss_____ Limitation on opening_____

Sympton onset_____ Prior Tx or eval by specialist_____

Eyes blurring or pain_____ Hx of injury_____

Chief Complaint:

Other observations: _____

_____

Arch Form_____

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Treatment Recommendations:

Phase I: _____ Est Tx. Time_____ Fee_____

_____ _____ _____

Phase II: _____ _____ _____

_____ _____ _____

Retention: _____ _____ _____

_____ _____ _____