New Patient Questionnaire

Patients Name: ______________________ Today's Date: ______________________

Person filling out this form: ______________________ Relationship to Patient: ______________________

Are you this patient's legal guardian? *Yes* *No* Patient's Birthdate: ______________________

General Dentist: ______________________ Date of Last Visit: ______________________

Does patient have a personal physician? *Yes* *No* Physician's Name: ______________________

Is the patient taking prescription drugs? *Yes* *No*

List each medication being taken: ____

Has the patient achieved puberty? *Yes* *No* Boys – Voice Changed? *Yes* *No*

Girls – Started Menstruation? *Yes* *No* If yes, how long ago? ______________________

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

Condition			Condition		
Arthritis	*Yes*	*No*	Hepatitis	*Yes*	*No*
Artificial Bones/Joints	*Yes*	*No*	High/Low Blood Pressure	*Yes*	*No*
Artificial Heart Valve/Pacemaker	*Yes*	*No*	HIV/AIDS	*Yes*	*No*
Asthma	*Yes*	*No*	Jaw Clicking/Popping	*Yes*	*No*
Cancer/Chemotherapy	*Yes*	*No*	Kidney Problems	*Yes*	*No*
Diabetes	*Yes*	*No*	Mitral Valve Prolapse	*Yes*	*No*
Difficulty Breathing	*Yes*	*No*	Rheumatic/Scarlet Fever	*Yes*	*No*
Emotional Problems	*Yes*	*No*	Severe/Frequent Headaches	*Yes*	*No*
Epilepsy/Seizures/Fainting Spells	*Yes*	*No*	Sleep Disorders	*Yes*	*No*
Genetic Disorders	*Yes*	*No*	TMJ (Jaw Joint) Soreness	*Yes*	*No*
Glandular Disorders	*Yes*	*No*	TMJ (Jaw Joint) Stiffness	*Yes*	*No*
Heart Attack/Stroke	*Yes*	*No*	Tonsils/Adenoids Removed	*Yes*	*No*
Heart Murmur	*Yes*	*No*	Tuberculosis	*Yes*	*No*
Hemophilia/Abnormal Bleeding	*Yes*	*No*	Other ______________________		

Is your child allergic to latex? *Yes* *No* Is your child allergic to nickel? *Yes* *No*

Has the patient ever been told by a physician that he/she needs to take premedication prior to dental procedures? *Yes* *No*

Please use the space below to des cribe any significant medical problems/procedures that you have had:

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What do you think is the patient's attitude towards undergoing orthodontic treatment?

Eagerness *Complacency* *Resignation* *Indifference* *Opposition*

Other: ____

Thank you for taking the time to complete this form. It will help us serve you better.