RESTORATION™ ORTHODONTICS

For your benefit, please have this form completed and bring it with you to your first visit.

NAME: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ HOME PHONE #: _____

CELL PHONE #: _____ WORK #: _____

* EMAIL ADDRESS: _____

☐ Male ☐ Female INSURANCE: ☐ Yes ☐ No ☐ Dual

REFERRED BY: _____ DENTIST: _____

Is any family member a patient at our office? ☐ No ☐ Yes: _____

Reason for seeking treatment: _____

MEDICAL HISTORY: Medical Doctor: _____

Please check any of the following conditions which apply to you:

☐ Severe Headaches	☐ Sore Throat	☐ Bleeding Gums	☐ Joint Pain
☐ Heart Disease	☐ Convulsions	☐ High Blood Pressure	☐ Poor Vision
☐ Fainting Spells	☐ Chest Pains	☐ Ease of Bruising	☐ Sinus Condition
☐ Ulcers	☐ Tooth Ache	☐ Dizzy Spells	☐ Shortness of Breath

Please check any of the following illnesses you have ever had:

☐ Rheumatic Fever	☐ Asthma	☐ Angina	☐ Psychiatric Care
☐ Hepatitis A,B or C	☐ TB	☐ Heart Disease	☐ Autism Spectrum
☐ Jaundice	☐ Scarlet Fever	☐ Thyroid Problem	☐ Emotional Disturbances
☐ Diabetes	☐ Mononucleosis	☐ Malignant Hyperthermia	☐ Learning Difficulties
☐ Anxiety/Depression	☐ HIV/Aids	☐ ADD/ADHD	☐ Herpes Virus (cold sores)

Are you suffering from any illness? _____

Please note any previous hospitalizations and surgeries, and the year: _____

_____

List any allergies to medicine or food: _____

List present medication: _____

How would you describe your health? _____

Is there anything in your medical history of which the dentist should be aware of, such as dental apprehension, fainting spells, low blood sugar or low blood pressure etc. _____

(Women:) Are you pregnant now? _____

DENTAL HISTORY:

1. When was your last check up and cleaning? _____
2. Is there any outstanding dental work that is still required? _____
3. Have you ever sought an orthodontic consultation or had orthodontic treatment previously? _____
4. Do you have difficulty chewing? _____
5. Are you conscious of any pain in your jaw muscle? _____

DATE: _____ **SIGNATURE**: _____