

Nickna	Nickname				
Male / Female	Home Phone				
ate	Zip Code				
	Business Phone				
n	Business Phone				
State	Zip Code				
	Physician				
about the appearance of	his/her teeth? If				
your family dentist? , Fainting, Heart Ailment, r.B. or Aids?	, Kidney or Liver				
king drugs or medication					
eeth, or chipped teeth? A	pproximate age				
) Biting tongue (C) Biting	g fingernails, or				
another office? Explain _					

			1				
Patient	t's Name		Birth Date	Age	Male/Female	Home Phone	
Patient	t's Addres	sș	City		State	Zip Code	
Employer			Occupation			Business Phone	
Spouse's Name			Employer Occupation				
Billing Name			Billing Address	City State		State Zip Code	
Dentis	l		Oral Surge	on		Physician	
Whom r	nav we th	nank f	or referring you to our office?				
	may wo th	iain i	or retaining you to out onlice?				
						*	
YES	NO						
		1.	Does the patient, in your opinion, have ar	unfavorable f	eeling about the appear	rance of his/her teeth? If	
			so, explain				
		2.	Has it been longer than 6 months since t	he patient has	seen your family denti	st?	
		3.	Does the patient have a history of: Anem	ia, Asthma, Di	abetes, Fainting, Heart	Ailment, Kidney or Liver	
			Disease, Hepatitis, Nervous Disorders, Poli	io, Rheumatic F	ever, T.B. or Aids?		
		4.	Is the patient: (A) Being treated by a p	(B) Taking drugs or me	adication (C) Subject to		
			prolonged bleeding (D) Allergic to Novoca	in, Penicillin, o	ther Antibiotics or any of	her drugs?	
		5.	Does the patient have a history of a seve	ere blow to the	front teeth, or chipped	teeth? Approximate age	
		6	and circumstances Does the patient complain of "Clicking"	or Painful Jaw	2		
			Does the patient have difficulty in chewing	• 0000 0 00000			
			Does the patient have a habit of: (A) Bi	The second second second second			
			(D) Clicking Jaw (E) Grinding teeth (F) S			(o) onling important, or	
		9.	Has the patient received full or partial orth	odontic treatm	ent in another office? E		
		10	Has anyone in the family received orthodo		2 Who?		
			Were they unhappy with the result? If so, e				
-							
		12.	Has anyone in the family had the following				
			(A) Large lower Jaw (B) Protru				
		13.	Do you think the patient might have a ter				
			Classify the patient's expressed desire for				
			Very desirousAverage desire	0	asual interest	Objects	
		15.	Please mention any other information wh				
				· · · · · · · · · · · · · · · · · · ·			