

Ising Orthodontics Medical History Form

Date _____ How did you hear about our office? _____

Patient's Name _____ Patient's Dentist _____ Date of last Cleaning _____

Patient's Physician _____

Dental History

Medical History

| | | | | | |
|--|---|---|--|---|---|
| Prior orthodontic treatment? | Y | N | Any allergies to drugs, foods, or environment? | Y | N |
| If yes, when and where? | Y | N | Any birth defects? | Y | N |
| Any Periodontal (gum) problems? | Y | N | Any learning disabilities or ADD/ ADHD? | Y | N |
| Any permanent teeth removed? | Y | N | Thyroid disease? | Y | N |
| Any problems with your jaw joints? | Y | N | Bleeding disorder or Hemophilia? | Y | N |
| Thumb sucking or finger sucking? | Y | N | Diabetes? | Y | N |
| Any injuries to teeth or facial bones? | Y | N | Asthma? | Y | N |
| Mouth breathing or Snoring? | Y | N | Arthritis? | Y | N |
| Tongue thrusting? | Y | N | Heart Murmur or Mitral Valve Prolapse? | Y | N |

| |
|--|
| If you answered yes to any of the questions please explain: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ |
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| | | |
|---|---|---|
| Artificial heart valve? | Y | N |
| Liver or Kidney disease? | Y | N |
| Cancer? | Y | N |
| Growth disorder? | Y | N |
| Seizures? | Y | N |
| Tonsils or Adenoids problem? | Y | N |
| Latex Allergy? | Y | N |
| Prescription Medications? | Y | N |
| Nicotine usage? | Y | N |
| TB, HIV, Hepatitis, other infectious disease? | Y | N |
| Any other issues not listed? | Y | N |

I have read and understand the above questions. I will not hold Dr. Ising or any member of his team responsible for any errors or omissions that I have made in the completion of this form; if there are any changes to this history record or dental/medical status I will inform this practice.

Signature Date

OFFICE USE ONLY:

I have reviewed the above information and there are no changes; if there are changes I will inform this practice.

Signature (responsible party) Date

I have reviewed the above information and there are no changes; if there are changes I will inform this practice.

Signature (responsible party) Date