

**ADULT NEW PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ Title: Miss\_\_\_\_, Mrs.\_\_\_\_, Mr.\_\_\_\_, Dr.\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male\_\_\_\_ Female\_\_\_\_

Marital Status: Single\_\_\_\_ Married\_\_\_\_ Divorced\_\_\_\_ Widowed\_\_\_\_ Separated\_\_\_\_

Address: \_\_\_\_\_

House, apt. # \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Employer: \_\_\_\_\_

Referred By: \_\_\_\_\_ Chief Complaint: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist Phone Number \_\_\_\_\_

Dentist Address: \_\_\_\_\_

**ORTHODONTIC INSURANCE INFORMATION**

**Primary** Dental Insurance Company: (self, spouse) \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Claim Mailing Address: \_\_\_\_\_

ID#: \_\_\_\_\_ SS#: \_\_\_\_\_

Group #: \_\_\_\_\_ Employer: \_\_\_\_\_

**Secondary** Dental Insurance: (self, spouse) \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Claim Mailing Address: \_\_\_\_\_

ID#: \_\_\_\_\_ SS#: \_\_\_\_\_

Group #: \_\_\_\_\_ Employer: \_\_\_\_\_

**I have received a copy of this office's Notice of Privacy Practices.**

Name: (Print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

\_\_\_\_ Patient/Guardian refused to sign

\_\_\_\_ Communications barriers prohibited obtaining the acknowledgement

\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement

\_\_\_\_ Other (describe) \_\_\_\_\_

## MEDICAL HISTORY

1. Patient's Name: \_\_\_\_\_
2. Patient's Physician: \_\_\_\_\_ Date of last visit: \_\_\_\_\_
- |  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 3. Does patient have to be premedicated for dental visits?   | ___        | ___       |
| 4. Does patient have any allergies to latex or latex based products or any metals?   | ___        | ___       |
| 5. Is patient under any medical treatment now?   | ___        | ___       |
| 6. Has patient ever had a blood transfusion?   | ___        | ___       |
| 7. Does patient have any allergies to medication, seasonal or other?   | ___        | ___       |
| 8. Has a physician ever informed patient of the following:   |            |           |
| a. Heart Ailment?  | ___        | ___       |
| b. Heart Murmur?   | ___        | ___       |
| c. High Blood Pressure?  | ___        | ___       |
| d. Respiratory Disease?  | ___        | ___       |
| e. Diabetes?   | ___        | ___       |
| f. Rheumatic Fever?  | ___        | ___       |
| g. Arthritis?  | ___        | ___       |
| h. Tumors or Growths?  | ___        | ___       |
| i. Blood Disease?  | ___        | ___       |
| j. Liver Disease?  | ___        | ___       |
| k. Kidney Disease?   | ___        | ___       |
| l. Stomach Disease?  | ___        | ___       |
| m. Intestinal Disease?   | ___        | ___       |
| n. Yellow Jaundice or Hepatitis?   | ___        | ___       |
| o. Aids or HIV?  | ___        | ___       |
| p. Tonsils or Adenoids removed?  | ___        | ___       |
| q. Other?  | ___        | ___       |
| 9. Is patient taking any drugs or medications?   | ___        | ___       |
| 10. Has patient had any adverse responses to any drugs?  | ___        | ___       |
| 11. Has patient had wounds heal slowly or present complications?   | ___        | ___       |
| 12. Does patient have a history of fainting?   | ___        | ___       |
| 13. <b>IF ANY OF THE ABOVE ARE ANSWERED YES, or if there are any health concerns we should know about, please explain:</b> _____ |            |           |
| _____  |            |           |
| _____  |            |           |

## DENTAL HISTORY

1. Patient's Dentist: \_\_\_\_\_
2. When was patient's last complete dental exam? Month \_\_\_\_\_ Year \_\_\_\_\_
3. If patient is a minor, did either parent have braces? \_\_\_\_\_
4. Is there a family history of crowded teeth? \_\_\_\_\_
5. Is there a family history of impacted (unerupted) upper canines? \_\_\_\_\_
6. Has patient ever had an accident to teeth/jaw? \_\_\_\_\_
7. Does patient clench or grind teeth? \_\_\_\_\_
8. **IF ANY OF THE ABOVE IS ANSWERED YES, or if there are any other concerns, please explain:** \_\_\_\_\_
- \_\_\_\_\_

*To the best of my knowledge, all of the preceding answers are true and correct. If I ever have any change in my health, or if my medicines change, I will inform the doctor at the next appointment.*

Signature of patient, parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Orthodontist: \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT FOR ORTHODONTIC TREATMENT

It is my goal that every patient and parent be fully informed of the benefits and risks of orthodontic treatment. It all begins with a comprehensive evaluation and treatment plan then excellent results are usually achieved with proper compliance. There are some risks and limitations that one should understand before agreeing to undergo orthodontia, however, these seldom pose any problems.

It is of paramount importance that patients maintain excellent oral hygiene, refrain from hard, sticky and excess sugar-containing foods during the course of treatment. Tooth decay, gum disease, and permanent discolorations of enamel can occur as a result of bacteria not being properly brushed away from the teeth and appliances on a regular basis.

The possibility exists that any tooth with a history of trauma, whether it is from an accident or a large filling, may need root canal therapy during orthodontic movement. When teeth are moved with braces, the roots may be shortened, but rarely to the degree that it threatens the health and integrity of the tooth.

The temporomandibular joints may become painful or noisy during orthodontic treatment. The movement of the teeth does not usually cause this. It can be related to past history of trauma and may or may not improve during treatment. Braces do not cure an existing joint disease, nor do they create one.

Teeth that have been straightened have tendency to move back to their original position after braces are removed. Retainers are necessary to hold teeth in position throughout the growing years and for several years in adult patients. One can expect some minor changes to the lower front teeth, which are a normal function of aging, but usually it is minimal and a permanent retainer reduces or eliminates this tendency. Occasionally an individual has a disproportionate amount of growth in one jaw relative to the other, which can contribute to more tooth movement post treatment or in severe cases may warrant jaw surgery. This is a biological phenomenon, which is based on the genetic make-up of the individual and is beyond the control of an orthodontist.

An orthodontist tries to estimate the total time for treatment based on the individual case. There are factors that can lengthen the treatment and effect the result, such as unfavorable growth, poor compliance, excessive breakage of appliances and frequently missed appointments.

Please do not hesitate to ask if you have any questions about this information.

*I have read, understand, and received a copy of the above and consent to treatment.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_