

Olsen Orthodontics

Medical History

Is the patient in good health? Yes _____ No _____

Does the patient have any history of major illness? Yes _____ No _____

If Yes, please describe _____

For Women: Are you Pregnant? Yes _____ No _____

Check any of the following for which the patient has been treated:

Aids & HIV _____ Anemia _____ Prolonged Bleeding _____ Diabetes _____

Pneumonia _____ Epilepsy _____ Fainting or Dizziness _____ Heart trouble _____

Rheumatic Fever _____ Asthma _____ Nervous Disorders _____ Hepatitis _____

Osteoporosis _____ Kidney involvement _____ Endocrine Problems _____ Tuberculosis _____

Is the patient taking any medication for osteoporosis, or osteopenia? Yes _____ No _____

If yes, please give information about name of medication, dosage and how long it has been taken:

List any other medications now being taken and give reasons for taking:

List any allergies or drug sensitivities _____

Dental History

When was the patient's last visit to the dentist? _____

Is there any dental treatment still pending? _____

Does the patient have any heart condition for which antibiotics are taken before dental procedures? Yes _____ No _____

Has there been any injury to the face, mouth or teeth? Yes _____ No _____ Explain: _____

Has the patient ever sucked a thumb or fingers? Yes _____ No _____ If yes, until what age? _____

Is the patient a mouth breather while awake? Yes _____ No _____ While asleep? Yes _____ No _____

Have you been informed of any missing or extra permanent teeth? Yes _____ No _____

Please share any other pertinent information regarding the patient's medical and dental history that has not been covered above: _____

*The information that I have provided is correct to the best of my knowledge. I understand that it will be held in the strictest of confidence and it is my responsibility to inform this office of any changes in the patient's health history.

I also understand that where appropriate, credit bureau reports may be obtained.

Signature (Parent or guardian's signature if minor)

Date