



**American Association of Orthodontists
MEDICAL DENTAL HISTORY FORM
FOR PATIENTS UNDER 18 YEARS OF AGE**

Date _____

Patient's Last Name _____ First _____ Middle _____

Birthdate _____ Age _____ Sex _____ Home Phone No. _____

Patient's Address - Street _____

City _____ State _____ Zip Code _____

Social Security No. Responsible Party _____ Phone No. _____

His/Her Address _____ City _____ State _____ Zip _____

Parent/Guardian's Last Name _____

Parent is Single , Married , Widowed , Separated , Divorced .

Father's Height _____ Mother's Height _____

Name of Patient's Dentist _____

Address _____ Phone No. _____

Name of Physician (s) _____

Address _____ Phone No. _____

No. of brothers and sisters _____ Ages _____

Other family members treated _____

Patient's Birth Weight _____ Present Weight _____ Height _____

Musical Instrument Played _____

Favorite Sports, Hobbies & Avocations _____

Patient's school _____ Grade _____

Insurance coverage yes ___ no ___

Primary Insurance Co. _____ Policy No. _____

Secondary Insurance Co. _____ Policy No. _____

In case we cannot reach you:

Person to contact _____ Phone No. _____

For the following questions circle yes, no, or don't know/understand (dk/u). The answers are for office records only and will be considered confidential. A thorough and complete history is vital to a proper orthodontic evaluation.

yes no dk/u Does patient follow directions?

yes no dk/u Does patient brush his/her teeth conscientiously?

yes no dk/u Does patient have learning disabilities or need extra help with instructions?

yes no dk/u Is patient sensitive, self-conscious?

yes no dk/u Endocrine or thyroid problems?

yes no dk/u Kidney problems?

yes no dk/u Diabetes?

yes no dk/u Cancer or been treated for a tumor?

yes no dk/u Stomach ulcer or hyperacidity?

yes no dk/u Polio, mono, tuberculosis, pneumonia?

yes no dk/u Problems of the immune system?

yes no dk/u AIDS or HIV positive?

yes no dk/u Hepatitis, jaundice or liver problem?

yes no dk/u Fainting spells, seizures, epilepsy or neurologic problem?

MEDICAL HISTORY

yes no dk/u Birth defects or hereditary problems?

yes no dk/u Bone fractures, any major accidents?

yes no dk/u Rheumatoid or arthritic conditions?

