

Adult Patient Information

Date _____			
Patient's Name _____		_____	
Last	First	Middle	
Age _____	Physician _____	_____	
years	mos.		
Dentist _____			

Medical / Dental Information

MEDICAL HISTORY (circle yes or no and fill in blanks where required)

1. Are you in good health?.....	Yes	No	
2. Have tonsils and/or adenoids been removed? At what age?.....	Yes	No	
3. Frequent colds, sore throat, or ear infections?.....	No	Yes	
4. Any history of major illness? If yes, list _____	Yes	No	
5. Any allergies or drug sensitivity? If yes, list _____	No	Yes	
6. Taking medication now? If yes, list _____	No	Yes	
7. Under medical care now? Reason _____	No	Yes	

8. Circle any of the following for which the patient has been treated:			
Hepatitis	AIDS	Emotional Problems	
Diabetes	Asthma	Prolonged Bleeding	
Arthritis	Epilepsy	Nervous Disorders	
Heart trouble	Rheumatic Fever	Endocrine Problems	
		Fainting	
		Convulsions	
		Brain Injury	
		Tuberculosis	
9. Do you have any special problems not listed above?.....	No	Yes	
Explain: _____			
1. Date of last dental exam _____	Is work completed?.	Yes	No
2. Have there been any injuries to the face, mouth or teeth?.....		No	Yes
3. Have you ever sucked thumb or fingers? Until what age?.....		No	Yes
4. Have you ever had oral habits, such as lip biting or tongue thrusting?.....		No	Yes
5. Do you have any speech problems?.....		No	Yes
6. Have you ever had any speech therapy?.....		No	Yes
7. Are you a mouth breather while asleep or awake?.....		No	Yes
8. Are you aware of any missing or extra permanent teeth?.....		No	Yes
9. Has an orthodontist been consulted previously?.....		No	Yes
10. Has anyone in your family had orthodontic treatment?.....		No	Yes
11. Has anyone in your family been previously treated by Dr. Paulos?.....		No	Yes
12. Would you consider your diet high in sweets?.....		No	Yes
13. List any musical instruments played _____	How long? _____		
14. What are you or your dentist most concerned about? _____			

15. Other comments _____			
16. Person filling out this form _____ Date _____			