

HEALTH HISTORY

DATE: _____

Please answer all questions. The answers are for our office records only and will be considered confidential. A thorough and complete history is vital to a proper orthodontic evaluation. Circle answers where indicated.

1. Pre-natal diet of Mother: Excellent Good Fair Poor
Any illness during pregnancy? Yes No
Explain _____
2. Face and mouth most resemble: Mother Father Neither
3. Feeding as an infant: Breast - number of months _____ Bottle - number of months _____
Feeding as a pre-schooler: Excellent Good Fair
Present eating habits: Sweets Well-rounded diet
4. Deciduous (baby) teeth came in: Early Average Late
Deciduous (baby) teeth came out: Early Average Late
Did any teeth have to be removed by the dentist?
5. Evaluate the following as good, fair or poor:
General health _____ Posture _____ Study habits _____
Hearing _____ Eating _____ Cooperation _____
Vision _____ Toothbrushing _____ Sleep _____
6. The following are some habits commonly found. List information as it pertains to your child.
Thumb sucking until age _____ Which thumb _____
Finger sucking until age _____ Which finger _____
Lip biting or sucking _____ Tongue thrusting _____
Nail biting _____ Mouth breathing _____
Grinding of teeth _____ Other habits _____
7. Has your child received, or been requested to receive, any speech correction?
8. Please circle the conditions that apply: Allergies Asthma Anemia Blood disease Bone disorders
Colds (frequent) Diabetes Epilepsy Endocrine problems Emotional problems Fainting - Dizziness
Heart disease Rickets Rheumatic fever Sore throat (frequent) Tuberculosis Tonsils removed
Adenoids removed Any other medical or surgical problem not covered above? _____
9. **Have you ever had an adverse reaction to nickel?**
10. Has your child been under the care of a physician during the past two years other than routine physicals?
11. Have any teeth been injured due to accidents? _____ Any injury to face or head? _____
12. What is child's reaction to dental care?
13. Is child interested in having teeth straightened?
14. Have any other members of the family had orthodontic treatment? Yes No In this office? Yes No

CLINICAL EVALUATION