

DATE: _____
AGE: _____

ADULT HEALTH HISTORY

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.

1. Are you interested in having teeth straightened?
2. What is your reaction to dental care?
3. When was your last dental examination?
4. Have teeth been injured due to an accident? Any injury to face or head?
5. **Have you ever had an adverse reaction to latex or nickel?**
6. Present eating habits: Sweets Well-rounded Diet
7. Deciduous (baby) Teeth came in: Early Average Late
Deciduous Teeth came out: Early Average Late
Did any teeth have to be removed by the dentist?
8. Evaluate the following as good, fair or poor:
General Health _____ Posture _____ Study Habits _____
Hearing _____ Vision _____ Eating _____ Cooperation _____
Toothbrushing _____ How often _____ Sleep _____ hours
9. These are some habits commonly found. Answer only the ones that pertain to you.
Thumb sucking(until what age) _____ Which thumb _____
Finger sucking(until what age) _____ Which finger _____
Lip biting or sucking _____ Tongue thrusting _____
Nail biting _____ Mouth breathing _____ Grinding of teeth _____
Chew or smoke tobacco _____ Pain, clicking or locking in jaw _____
Other habits _____
10. Have you received, or been requested to receive any speech correction?
11. The following diseases are of interest to the Orthodontist. Circle only the ones that pertain to you.
Aids or HIV Allergies Asthma/Sinus trouble Anemia Birth defects or Hereditary problems Blood disorder Bone disorders Colds (frequent?)
Diabetes Epilepsy Endocrine problems Emotional problems Headaches
Fainting or dizziness Heart Disease High or low blood pressure Rickets
Rheumatic fever Sore throats (frequent?) Tasting or speech difficulties
Tuberculosis Tonsils removed Adenoids removed
12. Any other medical or surgical problem not listed above:
13. Have you been under the care of a physician during the past two years?
(other than routine checks)
14. Are you taking any medication, nutrient supplements or herbal medications?