

Medical History Form

Date: D / M / Y

the smile you've always wished for...

Signed: _____

Please ensure you check all populated fields for any errors. To assist us in providing the best treatment we can for you/your child, please answer these questions as completely as possible. This information is strictly confidential.

	Et al Nila and							
Jate (First Name							
	of Birth:							
	b / Postcode:							
-	ork/Home):							
tealtr	n Insurance Fund:		Dentist & Pra	ctice:				
aren [,]	t/Guardian if under 18:							
îtle:_	tle: Name (first and last):			Relationship to above:				
°hon∈	: :		Responsik	ole for paying a	ccount: Y/N			
Addre	ess (if different from abo	ve):						
Wher	e did you hear about us? Please circle.	Clear Choice Orthodontist	Family / Staff	Google / Social Media	Signage	Dentist	Friend	School Other
f othe	er please explain:							
Dento	ıl History:							
How	often are your teeth bi	ushed?		_ How often	do you floss?_			
Do th	e gums bleed when b	rushed? Y / N		When did	you last visit yo	our dentist? _		
Are th	nere any cavities and ,	or toothache	N / Y ş	Have you I	nad previous c	orthodontic t	treatment?	Y / N
Any p	past or present thumb,	finger or any c	ther sucking	g habits? Y/1	1			
	njury or discomfort to y		/			ı or closina tl	he mouth? \	/ / Na
Any ir		our tace, jaws	or reeme i	/ N Any diff	icuity opening	,		/ 110
	e explain all Y circles: _	-		·				, ra
Please				·				7110
Please	e explain all Y circles: _							7 110
Please Medi	e explain all Y circles: _cal History: Please circle	· >.	N Anemia			Arthritis	sity problem:	
Please Medio	e explain all Y circles: _ cal History: Please circle Allergies	e. Y /	N Anemia N Bleeding	·	Y / N Y / N	Arthritis	sity problem:	5
Medio Y/N Y/N	e explain all Y circles: _ cal History: Please circle Allergies Asthma	Y /	N Anemia N Bleedino N Tonsil/ad	g disorders denoid/sinus pro	Y / N Y / N	Arthritis Bone den Cleft Lip c	sity problem:	5 2
Media Y/N Y/N Y/N	e explain all Y circles: _ cal History: Please circle Allergies Asthma Cancer or Tumour	Y / Y / Y /	N Anemia N Bleeding N Tonsil/aa N Epilepsy	g disorders denoid/sinus pro	Y/N Y/N Oblems Y/N	Arthritis Bone den Cleft Lip c Emotional	sity problem: ınd/or Palate l/behavior pı	5 2
Medio Y/N Y/N Y/N	e explain all Y circles: _ cal History: Please circle Allergies Asthma Cancer or Tumour Diabetes	Y / Y / Y / Y / Y /	N Anemia N Bleedin N Tonsil/a N Epilepsy N Growth	g disorders denoid/sinus pro , problems	Y/N Y/N oblems Y/N Y/N	Arthritis Bone den Cleft Lip c Emotional Hearing p	sity problems Ind/or Palate I/behavior pi roblems	5 2
Media	e explain all Y circles: _ cal History: Please circle Allergies Asthma Cancer or Tumour Diabetes Fainting or Dizziness	Y / Y / Y / Y / Y /	N Anemia N Bleeding N Tonsil/a N Epilepsy N Growth N Hepatiti	g disorders denoid/sinus pro , problems	Y / N Y / N Diblems Y / N Y / N Y / N	Arthritis Bone den Cleft Lip c Emotional Hearing p HIV or AID	sity problems Ind/or Palate I/behavior pi roblems	5 2
Medio	e explain all Y circles: _ cal History: Please circle Allergies Asthma Cancer or Tumour Diabetes Fainting or Dizziness Heart disease or murr	Y / Y / Y / Y / Y / Y / Y / Y / Y / Y /	N Anemia N Bleeding N Tonsil/aa N Epilepsy N Growth N Hepatiti N Learning	g disorders denoid/sinus pro problems	Y / N Y / N Diblems Y / N Y / N Y / N	Arthritis Bone den Cleft Lip c Emotional Hearing p HIV or AID	sity problems Ind/or Palate I/behavior pi roblems	5 2
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Media	e explain all Y circles: _ cal History: Please circle Allergies Asthma Cancer or Tumour Diabetes Fainting or Dizziness Heart disease or murr Kidney problems Smoker	Y / Y / Y / Y / Y / Y / Y / Y / Y / Y /	N Anemia N Bleeding N Tonsil/ac N Epilepsy N Growth N Hepatiti N Learning N Snore/sl	g disorders denoid/sinus pro problems is g/Speech difficu eep apnea	Y/N	Arthritis Bone den Cleft Lip o Emotional Hearing p HIV or AID	sity problems Ind/or Palate I/behavior pi roblems	5 2