



KAY & MORRIS ORTHODONTICS

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MEDICAL/DENTAL HISTORY

Patient Name _____ DOB ____/____/____

YES NO

1. Have you been under the care of a physician at any time in the past two years? _____
2. Do you have a recent or current history of any infectious diseases?
If so, explain _____
3. Are you currently taking any medication?
If yes, what medication(s) are you taking? _____
4. Have you ever taken or are you currently taking any drugs as chemotherapy or for the treatment of Osteoporosis? _____
5. Have you had or are you under treatment for any heart problems, rheumatic fever, heart murmur or high blood pressure? _____
6. Do you require antibiotic premedication for any reason, such as rheumatic fever? _____
7. Are you allergic to Penicillin or any drugs or medications? _____
8. Check any of the following conditions which you have had:
1. Hepatitis____ 3. Arthritis____ 5. Diabetes____ 7. Other (please explain)____
2. Jaundice____ 4. Asthma ____ 6. Allergies____ _____
9. For children: Has this child had/experienced any of the following:
1. ADD/ADHD____ 3. Behavioral Issues____ 5. Developmentally Delayed____ 7. Sensory Issues____
2. Autism____ 4. Cerebral Palsy____ 6. Epilepsy/Seizures____ 8. Sight/Hearing Impairment____
10. Have you had your tonsils and/or adenoids removed? _____
11. Do you have difficulty breathing through your nose? _____
12. Have you ever had any accidents involving your face or teeth, such as a blow to the face, a car accident or fall? _____
13. When did you last visit a dentist? _____ The dentist's name: _____
14. Have you ever had periodontal (gum) treatment? How long ago? _____
Describe the treatment _____
15. Do you clench or grind your teeth? _____
16. Do you have clicking, popping or grating noise in your jaw when chewing or opening?
Does it bother you? _____ How long have you had it? _____
17. Has your jaw ever locked? _____
18. What would you like to change about your teeth or smile? _____
19. For females: are you pregnant? _____
20. I give permission for the use of photographs and records made in the process of examination, treatment, and retention for the purpose of research, education, and/or publication in professional journals. _____

Signature of Parent/Responsible Party

Date