



**MEDICAL HISTORY**

Physician \_\_\_\_\_ Date of last visit \_\_\_\_\_  
Physician's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please circle Yes or No (If yes, please fill in the details)**

Yes No Are you taking any medication? \_\_\_\_\_  
Yes No Are you allergic to any medication? \_\_\_\_\_  
Yes No Are you allergic to anything? If yes please describe. \_\_\_\_\_  
Yes No Are you presently under care of a physician? \_\_\_\_\_  
Yes No Do you have a major illness? \_\_\_\_\_  
Yes No Have you ever been hospitalized? \_\_\_\_\_  
Yes No Have you ever had your tonsils or adenoids removed? \_\_\_\_\_  
Yes No Have you had any of the following? Asthma \_\_\_\_\_ Allergies \_\_\_\_\_ Hay fever \_\_\_\_\_ Throat Infections \_\_\_\_\_

**Please circle the appropriate answer for the medical conditions below:**

Yes No Active Heart Murmur Yes No Endocrine Problems Yes No Liver Disease  
Yes No Asthma Yes No Anemia Yes No Epilepsy  
Yes No Latex Allergy Yes No AIDS Yes No Arthritis  
Yes No Lung/Respiratory Yes No HIV+ Yes No Blood Disorder  
Yes No Tuberculosis Yes No Nervous Disorders Yes No Abnormal Bleeding  
Yes No Bone/Joint Disorders Yes No Heart Problems Yes No Pneumonia  
Yes No Cancer/Tumor Yes No Hepatitis-Type \_\_\_\_\_ Yes No Prolonged Bleeding  
Yes No Diabetes Yes No Herpes Yes No Glaucoma  
Yes No High Blood Pressure Yes No Rheumatic Heart Yes No Thyroid Disease  
Yes No Dizziness/Fainting Yes No Emotional Problems Yes No Sinusitis  
Yes No Kidney Involvement Yes No Other \_\_\_\_\_

**DENTAL HISTORY**

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date of Last Visit: \_\_\_\_\_  
Dentist's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
What concerns you most about your teeth? \_\_\_\_\_

**Please circle the appropriate answer to the following questions, and explain if need:**

Yes No Have there ever been injuries to the face, mouth or teeth? \_\_\_\_\_  
Yes No Do you have any type of thumb or tongue habit? \_\_\_\_\_  
Yes No Do you have TMJ? \_\_\_\_\_  
Yes No Are you aware of any jaw clicking or popping? \_\_\_\_\_  
Yes No Have you ever been told that you grind your teeth? \_\_\_\_\_  
Yes No Do you have "tension" or "frequent" headaches? \_\_\_\_\_  
Yes No Have x-rays been taken recently? When? \_\_\_\_\_

**Chief Concern for evaluation and information desired:** \_\_\_\_\_

Orthodontics is a service that provides an improvement in the appearance of the teeth and in the general function of the teeth, and general dental health. Teeth, gums, and jaws are an intricate body part and can fail to respond to treatment. If good oral hygiene is not practiced, tooth decay and enlarged gums can result. Joint discomfort and root shortening are observed in a small percentage of cases. Teeth change throughout lifetime and there can be some movement of the teeth and some change after treatment. It is my responsibility to inform the dental office of any changes in medical status. I authorize the doctor/office to release any information including diagnosis and the records of any treatment or examination rendered during the period of such dental care to third party payers and/or health practitioners. I authorize and request my insurance company to pay directly to the doctor or dental group insurance benefits otherwise payable to me. I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment for all services rendered on myself. I hereby state that I have read and understand the above paragraph and that I have truthfully to the best of my ability answered all the above questions.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_







## PHOTO CONSENT FORM

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent / Guardian Name (please print): \_\_\_\_\_

Patient / Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I (please check one):

- AUTHORIZE**
- DO NOT** authorize

Concord Orthodontics to post any photos obtained throughout my / my child's treatment on their social media / internet website and / or other marketing purposes.