



## 7- DENTAL HISTORY INFORMATION

Family Dentist: \_\_\_\_\_ Date of last dental visit: \_\_\_\_\_

Number of checkups per year: ( ) Once ( ) Twice ( ) Only if urgent ( ) Never

Have you had a previous orthodontic consultation or treatment? ( ) No ( ) Yes

Date (of consultation or treatment, if applicable): \_\_\_\_\_

### History of:

			<b>If yes, mark those that apply:</b>	<b>Please explain:</b>
Tooth injury	( ) No ( ) Yes		( ) Chipped ( ) Broken ( ) Lost	_____
Oral Disease	( ) No ( ) Yes		( ) Decay ( ) Ulcers ( ) Sores	_____
Jaw Joint Noises	( ) No ( ) Yes		( ) Right ( ) Left ( ) Both	_____
Grinding your teeth	( ) No ( ) Yes		( ) During day ( ) When sleeping	_____
Clenching your teeth	( ) No ( ) Yes		( ) During day ( ) When sleeping	_____
Bleeding gums	( ) No ( ) Yes		( ) Usually ( ) Sometimes ( ) When brushing ( ) Flossing	
Oral habits	( ) No ( ) Yes		( ) Thumb/finger sucking ( ) Tongue thrusting ( ) Other	
Airway Problems	( ) No ( ) Yes		( ) Mouth breathing ( ) Other	
Speech therapy	( ) No ( ) Yes		( ) Current ( ) Past If yes, advised by: _____	

### Why did you seek this consultation?

( ) To correct overbite ( ) Crowding ( ) Jaw dysfunction  
( ) Eliminate facial pain ( ) Close spaces ( ) Improve facial proportions  
( ) Improve general appearances ( ) Improve facial proportions ( ) Other: \_\_\_\_\_

### Orthodontic consultation prompted by:

( ) Patient ( ) Dentist ( ) Hygienist ( ) Friend ( ) Sibling ( ) Other: \_\_\_\_\_

Names of siblings & birthdates: \_\_\_\_\_

**Future plans for other dental work?** ( ) Root Canals ( ) Bridges ( ) Crowns ( ) Restorations ( ) Cosmetic

If so please explain: \_\_\_\_\_

### Tell us about you!

How do you feel about braces? \_\_\_\_\_

Any specific hobbies? \_\_\_\_\_

Do you play a musical instrument? \_\_\_\_\_

Do you play any sports? \_\_\_\_\_

I certify that I have reviewed the above medical/dental history and it is accurate to my knowledge at this time. If there are any future changes in this information I will inform Mountaineer Orthodontics.

\_\_\_\_\_  
**Signature (PARENT OR GUARDIAN)**

\_\_\_\_\_  
**Date**