ALAN V. REED, DDS, MSD

Specialist in Orthodontics for Children and Adults

920 E. Cloud
Salina, KS 67401

Nickname _____

Patient's Name | Birth Date | Age | Male/Female | Home Phone

Patient's Address | City | State | Zip Code

Employer | Occupation | Business Phone

Spouse's Name | Employer | Occupation | Business Phone

Billing Name | Billing Address | City | State | Zip Code

Dentist | Oral Surgeon | Physician

Whom may we thank for referring you to our office?

YES	NO	
☐	☐	1. Does the patient, in your opinion, have an unfavorable feeling about the appearance of his/her teeth? If so, explain _____
☐	☐	2. Has it been longer than 6 months since the patient has seen your family dentist?
☐	☐	3. Does the patient have a history of: Anemia, Asthma, Diabetes, Fainting, Heart Ailment, Kidney or Liver Disease, Hepatitis, Nervous Disorders, Polio, Rheumatic Fever, T.B. or Aids?
☐	☐	4. Is the patient: (A) Being treated by a physician now (B) Taking drugs or medication (C) Subject to prolonged bleeding (D) Allergic to Novocain, Penicillin, other Antibiotics or any other drugs?
☐	☐	5. Does the patient have a history of a severe blow to the front teeth, or chipped teeth? Approximate age and circumstances _____
☐	☐	6. Does the patient complain of "Clicking" or Painful Jaw?
☐	☐	7. Does the patient have difficulty in chewing? Explain _____
☐	☐	8. Does the patient have a habit of: (A) Biting pencil or lip (B) Biting tongue (C) Biting fingernails, or (D) Clicking jaw (E) Grinding teeth (F) Sucking thumb?
☐	☐	9. Has the patient received full or partial orthodontic treatment in another office? Explain _____
☐	☐	10. Has anyone in the family received orthodontic treatment? Who? _____
☐	☐	11. Were they unhappy with the result? If so, explain _____
☐	☐	12. Has anyone in the family had the following conditions? Specify relative. _____ (A) Large lower jaw _____ (B) Protruding bucked teeth _____ (C) Crooked teeth _____
☐	☐	13. Do you think the patient might have a tendency to take orthodontic treatment lightly?
		14. Classify the patient's expressed desire for improved dental appearance Very desirous _____ Average desire _____ Casual interest _____ Objects _____
		15. Please mention any other information which you feel may be helpful. Thank you. _____

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