

ALAN V. REED, DDS, MSD

Specialist in Orthodontics for Children and Adults

920 E. Cloud • Salina, KS 67401

E-Mail Address

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

Patient's Address City State Zip Code

School Grade Hobbies and Interests

Father Employer SS # Work-Cell Phone

Mother Employer SS # Work-Cell 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 Aliment, Kidney or Liver Disease, Hepatitis, Nervous Disorders, Polio, Rheumatic Fever, T.B., Aids, or Heart Murmur?
4. Is the patient: (A) Being treated by a physician now (B) Taking drugs or medication (C) Subject to prolonged bleeding (D) Allergic to Novocaine, 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 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 results? 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. Classify the patient's expressed desire for improved dental appearance
Very desirous _____ Average desire _____ Casual interest _____ Objects _____
14. Please mention any other information which you feel may be helpful. Thank you.