SWEET ORTHODONTICS
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MEDICAL HISTORY
(Child/Adolescent)

PATIENT NAME: _____ DATE: _____
BIRTH DATE: _____
Name of your childôs physician: _____ Office Phone: _____
Address of your childôs physician: _____ Date of last exam: _____

1. Is your child in good health?.....Yes No Donôt know
2. Does your child have a health problem?.....Yes No Donôt know
   If yes, explain: _____
3. Has your child ever been hospitalized, had general anesthesia, or emergency room visits?.....Yes No Donôt know
   If yes, explain:_____
4. Are your childôs immunizations up to date?.....Yes No Donôt know
5. Does your child have allergies to medications (drugs), medical products (latex), or the environment (dust, mites, pollen, mold)?.....Yes No Donôt know
   If yes, please list: _____
6. List past medications taken by child: _____
7. List daily medications child is now taking: _____
8. Has your child ever had or been treated by a physician for:

Check one for each condition

Yes	No	?			Yes	No	?	
			a. Problems at birth					p. Cancer
			b. Heart murmur					q. Cerebral palsy
			c. Heart disease					r. Seizures
			d. Rheumatic fever					s. Asthma
			e. Anemia					t. Cleft lip/palate
			f. Sickle cell anemia					u. Speech or hearing problems
			g. Bleeding/hemophilia					v. Eye problems/contact lenses
			h. Blood transfusion					w. Skin problems
			i. Hepatitis					x. Tonsil/adenoid/sinus problems
			j. AIDS or HIV+					y. Sleep problems
			k. Tuberculosis					z. Emotional/behavior problems
			l. Liver disease					aa. Radiation therapy
			m. Kidney disease					bb. Growth problems
			n. Diabetes					cc. Attention deficit disorders
			o. Arthritis					

9. Has your child had any recent rapid growth? _____ If so, how much? _____
10. Parents: (Father) Ht: _____ Wt: _____ (Mother) Ht: _____ Wt: _____
11. Older brothers and sisters: (1) Ht:_____ Wt:_____ (2) Ht:_____ Wt:_____ (3) Ht:_____ Wt:_____
12. Females: Has menstruation begun? _____ If yes, when? _____ Pregnant? _____
    Using birth control pills? _____
13. If yes to any above, please explain this or any other problem: _____
    _____
14. Childôs grade in school: _____ Childôs school: _____
15. Do you consider your child to be (check one): Advanced in learning ____ Progressing normally ____
    Slow learner _____

DENTAL HISTORY

16. What is your main concern about your childôs dental condition? _____
17. Has your child been to a dentist before? No Yes If yes, date of last visit: _____
18. Regular dentistôs name: _____
19. Check one for each condition:

Yes	No	?	
			a. Has your child ever had dental x-rays? Date of last x-rays?_____
			b. Will your child be uncooperative? If yes, explain:_____
			c. Has your child experienced any complications following dental treatment? If yes, explain:_____
			d. Has your child had cavities and/or toothaches?
			e. Are your child's teeth sensitive to temperature or food?
			f. Did you or your child ever get instructions in brushing?
			g. Do your child's gums bleed when brushed?
			h. Does your child use fluoride products: rinses, drops, tabs?
			i. Does or has your child had any clicking or pain in the jaw joint?
			j. Does or has your child had any problems opening or closing their mouth?
			k. Has your child inherited any family facial or dental characteristics? If yes, explain: _____
			l. Has your child ever injured his/her teeth?
			m. Has your child ever injured his/her jaws or face?
			n. Does or did your child use a pacifier?
			o. Does or did your child suck his/her fingers or thumb?

20. Does your child have any other dental problems we should know about? _____ Please explain: _____
_____
21. Whom may we thank for referring you to our office? _____
22. PERSON COMPLETING THIS FORM: Signature _____
Relationship to patient: _____

ANNOTATIONS ON SELECTED QUESTIONS

2. This helps establish the patientôs social-emotional status.
3. This helps establish a history of trauma.
4. In the instance of oral-facial trauma the DPT status is critical. Soft tissue injury is increased with appliances in place.
5. This helps identify allergies to all types of allergens. One must also consider latex used in dental treatment gloves and elastics. This sensitivity is increasing rapidly in the population.
8b,c,d,f. These patients need antibiotic coverage during banding and debanding procedures.
8g,h,i,j,k. With modern infection control procedures, these patients can be treated, but the treatment may need to be modified.
8o. This may relate to mandibular growth and development.
8p. This will help determine treatments using radiation or chemotherapy that can alter dental development, jaw growth, or somatic growth, depending on the site of the lesion and the treatment.
8x. This can help with evaluation of respiratory problems and tooth sensitivity.
8aa. Radiation therapy to the jaws can greatly alter local dental and skeletal development. The risks of osteoradioecrosis is also a risk in these patients depending on the radiation dosage and the type of treatment under consideration.
8bb. Some children with growth problems may be treated with growth hormones, which can have implications for growth modification treatment timing. In some cancer patients, growth hormones can be part of the post-radiation treatment regime. This, too, can affect treatment timing.
8cc. Attention Deficit Disorders can be treated with numerous drugs. The affect on growth of some of these medications is unclear.
9-12. These questions help establish growth status and timing. Birth control pills can be rendered ineffective by antibiotics used for SBE prevention and oral infections. Patients should be alerted to this problem.
16. The chief complaint is critical to determine why the patient is seeking care. This must be considered carefully in the planning of the treatment.
19a. Reduction in unnecessary radiation is critical to the highest quality care. Many practitioners will request films as part of the examination procedures. Patients seeking second opinions often have already had some records obtained.
19g. Orthodontic treatment in the face of periodontal disease, either acute or chronic, is contraindicated until the disease stage is either controlled or reversed.
19i. A previous history of TMJ problems or treatment merits pretreatment investigation.
19j. Limitations or problems with opening or closing can indicate TMJ problems.
19k. Familial tendency is indicated in some skeletal patterns, and missing teeth have a documented genetic component.
19l. Dental trauma may have implications during tooth movement due to the increased possibility of root resorption.
19n,o. Habits may explain some aspects of the malocclusion.
22. This helps establish the authenticity of the historian.