Child's Dental History

In your words what are your orthodontic concerns for your child? _____

Has your child had any previous orthodontic treatment or consultation? ☐ YES ☐ NO

If so, what work was completed, and by whom?_____

Have any other family members had orthodontic treatment?_____

If so, what work was completed and by whom?_____

Were the results acceptable? ☐ YES ☐ NO

Does your child now have or ever experienced pain or discomfort in their jaw joints? ☐ YES ☐ NO

Does your child have any current dental pain or discomfort? ☐ YES ☐ NO

Does your child grind their teeth? ☐ YES ☐ NO

Does your child have any speech problems? ☐ YES ☐ NO

Does your child have or ever had any thumb or finger sucking habits? ☐ YES ☐ NO

Does your child usually breathe through their mouth while awake? ☐ YES ☐ NO

Has your child ever experienced an adverse reaction during a medical or dental procedure? ☐ YES ☐ NO

Has your child ever received serious trauma or injury to the teeth, face, jaws or head? ☐ YES ☐ NO

Will you best describe your child's attitude toward orthodontic treatment:

☐ Want treatment ☐ Treatment is necessary ☐ Unwilling, but agree ☐ Uncooperative

---

Child's Medical History

Has your child have, or ever had: ☐ Diabetes ☐ Heart Murmur ☐ Artificial joints or heart valves

Is your child under the care of a physician for any specific condition? ☐ YES ☐ NO

If yes, please describe_____

Is your child pregnant? ☐ YES ☐ NO

Is your child taking any medication? ☐ YES ☐ NO

If yes, please list_____

Please check if your child has any of the following:

☐ AIDS/HIV positive ☐ Convulsions or Epilepsy ☐ Hepatitis

☐ Difficulty breathing ☐ Rheumatic/Scarlet fever ☐ Asthma or hay fever

☐ Endocrine or growth problems ☐ Tonsillitis ☐ Blood pressure problems

☐ Tuberculosis ☐ Headaches

☐ Allergies (list specific allergies)_____

Authorization

Benefits of Orthodontics: Aesthetics, Health and Function. Orthodontics is a service that provides an improvement in the appearance of the teeth, in the general function of the teeth, and in general dental health. Teeth, gums, and jaws are intricate body parts and can fail to respond to treatment. If good oral hygiene is not practiced, tooth decay and enlarged gyms can result. Joint discomfort and root shortening are observed in a small percentage of cases. Teeth move throughout our lifetime and there can be some movement of teeth after treatment. I have read and understand this paragraph. I have truthfully answered all the above questions and agree to inform this office of any changes in my medical or dental history. I understand that, where appropriate, credit bureau reports may be obtained. In addition, I authorize the Doctors & Staff of Paul DiFranco Orthodontics to perform a complete orthodontic evaluation on my child.

Signature of Responsible Party_____Date_____