MARTIN J. THALER, DMD, MSD
Orthodontics

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WELCOME TO OUR OFFICE	REGISTRATION AND MEDICAL HISTORY

Today's Date _____

Patient's Name _____ Date of Birth _____ Age _____

Address _____ Telephone _____

School _____ Grade _____ Cell Phone _____

Father's Name _____ Employer _____ Telephone _____

Mother's Name _____ Employer _____ Telephone _____

Patient's Dentist _____ Last Visit _____ Physician _____

Whom may we thank for referring you? _____

Do you have insurance coverage? _____ Insurance company and policy number _____

	YES	NO
Is patient in good general health?	☐	☐
Under a physician's care?	☐	☐
Has patient ever been hospitalized?	☐	☐
Is patient taking any medications?	☐	☐
Any allergies?	☐	☐
Have tonsils/adenoids been removed?	☐	☐

Check any of the following for which patient has been treated:

Diabetes	☐	Hepatitis	☐
Heart Disease	☐	Bleeding Disorder	☐
Heart Murmur	☐	Kidney/Liver Disease	☐
Rheumatic Fever	☐	Emotional Disturbance	☐

Have there been injuries to the mouth or teeth?	☐	☐
Thumb or finger sucking? To what age?	☐	☐
Have any teeth been removed? Why	☐	☐
Is there pain or clicking in the jaw joints (TMJ)?	☐	☐
Are there any speech problems?	☐	☐
Are you aware of any unusual dental conditions?	☐	☐
Are you aware of tongue thrusting or mouth breathing?	☐	☐
Is a musical instrument played?	☐	☐
Has an orthodontist been consulted previously?	☐	☐
Can we expect adequate cooperation from the patient?	☐	☐
What is your primary reason for seeking orthodontic treatment?	☐	☐

Thank You For Your Help!

_____
Adult's Signature