## **Questionnaire**

Printed On: 3/30/2022

## Halgren Medical Dental History Form

Medical Dental History Form For Patients 18 years of Age or Older.

## Halgren Orthodontics Medical Dental History Form (Adult)

For the Following questions mark Yes, No The answers are for office records only and will be considered confidential. A thorough and complete history is vital to a proper orthodontic evaluation.

Confidential. A th	orough and complete instory is vital t	o a proper orthodonic ev	aiuation.
Patient's First Name:		253828 (4 11 5 C	e self-benefit in all
Patient's Middle Initial:			43 4-34
Patient's Last Name:		181	The second of th
Preferred Name			125-27-12
Birth Date:			
Sex:			
Male	Female	Other{}	Reliable to the
Non-binary	Transgender	Other{}	
Identifying Pronoun			
She/her	He/him	They/them	
Other{}			
Primary Language			
English	Spanish	Other {}	
Home Phone Number:			
Cell Phone Number:			
Email Address:			and heart for
Patient's Address (both ph	ysical & PO Box):		
City:			
State/ Province:		110 Hz + 11	ng same to anno
Zip/ Postal Code:			
Years at Above Address:			
If less than 5 years at curr	ent address, previous address:		
Patient Status:			
Single	Married	Other{}	
Occupation:			
Employer:			
Years with Employer:			E-mall - 1V
Name of Spouse/ Significa	nt Other		
Phone Number (if different	t than yours):		10.11
Spouse's-Significant Other	's Occupation		
Employer		W 1 7/2 1	eno dicaptor a
Years with Employer:			
Name of Patient's Dentist:			a Tracable ( filtrage)
{}			
Date of Last Cleaning:			

Questionnaire Page: 1/3

What do you want to change abou	it your smile?	
Who can we thank for the referral	?	
INSURANCE INFORMATION		
Yes	No	
Insurance Coverage For Orthodon	tic Treatment?	
Yes	No	Unknown
Primary Policy Holder's Name:		
Dental Insurance Company (copy	of insurance card appreciated)	
ID Number-SS Number	or mourance cara appreciatea)	
{}		
Birth Date:		
Secondary Policy Holder's Name:		
Dental Insurance Company:		
ID Number-SS Number:		
Birth Date:		
	Medical History	
Now or in the past, have you had:		
Heart Conditions-Mark any that a	pply to you	
Heart murmur	Chest pain	High or Low Blood pressure problems
Heart Valve problem	Taking heart medication	Rheumatic Fever
Pacemaker	Artificial heart valve	Pre-dental treatment antibiotic necessary
Blood pressure - Mark any that ap	ply to you	
Easy bruising	Frequent nosebleeds	Abnormal bleeding
A blood transfusion	Blood Disease	Anemia
Allergy Conditions - Mark any that	t apply to you	
Hay Fever	Sinus problems	Skin Rashes
Taking allergy medication	Asthma	
Intestinal Conditions - Mark any t		
Ulcers	Weight gain or loss	Special diet
Constipation/Diarrhea	Kidney or bladder problems	
Bone or joint Conditions - Mark ar		
Arthritis	Osteoporosis	Joint replacement
Pre-dental treatment antibiotic necssary		
Fainting spells, seizures or eplieps	<u> </u>	
Yes	No	
Stroke		
Yes	No	
Frequent headaches, colds or sore		
Yes	No	
Thyroid problems		
Yes	No	
Persistent cough		2 8 2 2 2
Yes	No	i in many in the
Pre-medications required by phys		
Yes	No	
Cancer/Tumor/Radiation treatme	nt	
Yes	No	Type {}
Location {}		
Diabetes		

Questionnaire Page: 2/3

Tuberculosis or other lung disease  To you smoke, vape, or chew?  To you you smoke, vape, or chew?  To you you smoke, vape, or chew?  To you you you you you you you you you yo	Nicotine? Occasionally  If yes, please list:{}  Acrylics
No Do you smoke, vape, or chew?  Tes	Occasionally  If yes, please list:{}
Do you smoke, vape, or chew?  Tes No Itarijuana? Daily Idepatitis or liver trouble Tes No Iderpes or other STD Tes No Iderpes or other STD Tes No Iderpes No Immune system problems Tes No Iderpes No	Occasionally  If yes, please list:{}
les No Idarijuana? Daily Idepatitis or liver trouble Ides No Iderpes or other STD Ides No Ides	Occasionally  If yes, please list:{}
derjuana?  depatitis or liver trouble  des No derpes or other STD  des No div-positive/AIDS  des No dimmune system problems  des No dias the patient reached puberty?  des No Momen-Are you pregnant or trying to become pregnant?  des No Does the patient have allergies or reactions to any of the following atex (gloves, balloons)  matex (gloves, balloons)  m	Occasionally  If yes, please list:{}
Hepatitis or liver trouble  Herpes or other STD  Hes No  HIV-positive/AIDS  Hes No  Himmune system problems  Hes No  Honsil or Adenoid conditions  Hes No  Honsil or Adenoid conditions  Hes No  Honsil or Adenoid conditions  Hes No  Honomen-Are you pregnant or trying to become pregnant?  Hes No  Honomen-Are you pregnant or trying to become pregnant?  Hes No  Honomen-Are you pregnant or trying to become pregnant?  Hes No  Honomen-Are you pregnant or trying to become pregnant?  Hes No  Heats (jewelry, clothing snaps)  Heats (gloves, balloons)  Heats (jewelry, clothing snaps)	If yes, please list:{}
lerpes or other STD  les No  lav-positive/AIDS  les No  mmune system problems  les No  lonsil or Adenoid conditions  les No  las the patient reached puberty?  les No  Momen-Are you pregnant or trying to become pregnant?  les No  looes the patient have allergies or reactions to any of the following atex (gloves, balloons)  ocal anesthetics (novocaine, lidocaine, ylocaine)  enicillin Plant Pollens  oods Other substances: {}  Any disease, problems, or conditions not listed (ExampleADHD):  list medications currently taking and for what condition:	<b>j:</b>
lerpes or other STD  les No  lav-positive/AIDS  les No  mmune system problems  les No  lonsil or Adenoid conditions  les No  las the patient reached puberty?  les No  Momen-Are you pregnant or trying to become pregnant?  les No  looes the patient have allergies or reactions to any of the following atex (gloves, balloons)  ocal anesthetics (novocaine, lidocaine, ylocaine)  enicillin Plant Pollens  oods Other substances: {}  Any disease, problems, or conditions not listed (ExampleADHD):  list medications currently taking and for what condition:	<b>j:</b>
No HIV-positive/AIDS  Tes No Tonsil or Adenoid conditions  Tes No Has the patient reached puberty?  Tes No No Nomen-Are you pregnant or trying to become pregnant?  Tes No Does the patient have allergies or reactions to any of the following atex (gloves, balloons)  Total anesthetics (novocaine, lidocaine, ylocaine)  Ten No Total anesthetics (novocaine, lidocaine, ylocaine)  Ten No Total anesthetics (novocaine, lidocaine, ylocaine)  Ten Plant Pollens Total anesthetics (formalia and for what condition:  Ten No Total anesthetics (novocaine, lidocaine, ylocaine)  Ten Plant Pollens Total anesthetics (formalia and for what condition:	<b>j:</b>
No HIV-positive/AIDS  Tes No Tonsil or Adenoid conditions  Tes No Has the patient reached puberty?  Tes No No Nomen-Are you pregnant or trying to become pregnant?  Tes No Does the patient have allergies or reactions to any of the following atex (gloves, balloons)  Total anesthetics (novocaine, lidocaine, ylocaine)  Ten No Total anesthetics (novocaine, lidocaine, ylocaine)  Ten No Total anesthetics (novocaine, lidocaine, ylocaine)  Ten Plant Pollens Total anesthetics (formalia and for what condition:  Ten No Total anesthetics (novocaine, lidocaine, ylocaine)  Ten Plant Pollens Total anesthetics (formalia and for what condition:	<b>j:</b>
Immune system problems  Tonsil or Adenoid conditions  Tes No  Tonsil or Adenoid conditions  Tes No  The state patient reached puberty?  Tes No  The state patient reached puberty?  Tes No  The state patient have allergies or reactions to any of the following atex (gloves, balloons)  Total anesthetics (novocaine, lidocaine, ylocaine)  Ten t	<b>j:</b>
Immune system problems  Tonsil or Adenoid conditions  Tes No  Tonsil or Adenoid conditions  Tes No  The state patient reached puberty?  Tes No  The state patient reached puberty?  Tes No  The state patient have allergies or reactions to any of the following atex (gloves, balloons)  Total anesthetics (novocaine, lidocaine, ylocaine)  Ten t	<b>j:</b>
immune system problems  ies No  ionsil or Adenoid conditions  ies No  las the patient reached puberty?  ies No  No  Nomen-Are you pregnant or trying to become pregnant?  ies No  looes the patient have allergies or reactions to any of the following atex (gloves, balloons) Metals (jewelry, clothing snaps)  ocal anesthetics (novocaine, lidocaine, ylocaine)  enicillin Plant Pollens  oods Other substances: {}  Any disease, problems, or conditions not listed (ExampleADHD):  list medications currently taking and for what condition:	<b>j:</b>
Tonsil or Adenoid conditions  Tes No  Has the patient reached puberty?  Tes No	<b>j:</b>
Tonsil or Adenoid conditions  Tes No  Has the patient reached puberty?  Tes No	<b>j:</b>
las the patient reached puberty?  les No  No  Nomen-Are you pregnant or trying to become pregnant?  les No  Does the patient have allergies or reactions to any of the following latex (gloves, balloons)  local anesthetics (novocaine, lidocaine, ylocaine)  lenicillin Plant Pollens  lenicillin Plant Pollens  lenicillin Plant Pollens  lenicillin Other substances: {}  Any disease, problems, or conditions not listed (ExampleADHD):  list medications currently taking and for what condition:	
las the patient reached puberty?  No  No  Nomen-Are you pregnant or trying to become pregnant?  No  Does the patient have allergies or reactions to any of the following atex (gloves, balloons)  Ocal anesthetics (novocaine, lidocaine, ylocaine)  Plant Pollens Ocds  Other substances: {}  Any disease, problems, or conditions not listed (ExampleADHD):  List medications currently taking and for what condition:	
No  Nomen-Are you pregnant or trying to become pregnant?  Ses  No  Does the patient have allergies or reactions to any of the following atex (gloves, balloons)  Ocal anesthetics (novocaine, lidocaine, Aspirin ylocaine)  enicillin  Plant Pollens Other substances: {}  Any disease, problems, or conditions not listed (ExampleADHD):  Ist medications currently taking and for what condition:	
Women-Are you pregnant or trying to become pregnant?  Tes No  Does the patient have allergies or reactions to any of the following atex (gloves, balloons)  Total anesthetics (novocaine, lidocaine, ylocaine)  Tenicillin Plant Pollens  Total anesthetics (Plant Pollens)  Total anesthetics (Plant Po	
No Does the patient have allergies or reactions to any of the following atex (gloves, balloons)  Metals (jewelry, clothing snaps)  Metals (jewelry, clothing snaps)  Aspirin  Aspirin  Plant Pollens  Oods  Other substances: {}  Any disease, problems, or conditions not listed (ExampleADHD):  List medications currently taking and for what condition:	
Does the patient have allergies or reactions to any of the following atex (gloves, balloons)  Metals (jewelry, clothing snaps)  Aspirin  Aspirin  Plant Pollens  Oods  Other substances: {}  Any disease, problems, or conditions not listed (ExampleADHD):  List medications currently taking and for what condition:	
atex (gloves, balloons)  ocal anesthetics (novocaine, lidocaine, ylocaine)  enicillin  oods  Aspirin  Plant Pollens  Other substances: {}  Any disease, problems, or conditions not listed (ExampleADHD):  }  List medications currently taking and for what condition:	
ocal anesthetics (novocaine, lidocaine, ylocaine) ylocaine) enicillin Plant Pollens oods Other substances: {} Any disease, problems, or conditions not listed (ExampleADHD): } List medications currently taking and for what condition:	ACIVICS
ylocaine) enicillin Plant Pollens oods Other substances: {} Any disease, problems, or conditions not listed (ExampleADHD): } .ist medications currently taking and for what condition:	Ibuprofen (Motrin, Advil)
enicillin Plant Pollens Oods Other substances: {} Any disease, problems, or conditions not listed (ExampleADHD): } List medications currently taking and for what condition:	ibuproren (noum, Advir)
Any disease, problems, or conditions not listed (ExampleADHD): } ist medications currently taking and for what condition:	Animals
Any disease, problems, or conditions not listed (ExampleADHD): } ist medications currently taking and for what condition:	Other Antibiotics {}
} ist medications currently taking and for what condition:	3
ist medications currently taking and for what condition:	
	· · · · · · · · · · · · · · · · · · ·
DENTAL HISTORY - Now or in the past has the patient had:	
ermanent or "extra" teeth removed Extra or congenitally missing teeth	Teeth sensitive to hot/cold
aw fractures, cysts, or mouth infections Periodontal/Gum problems	Thumb, finger, or sucking habit
Tongue thrusting habit Mouth breathing habit or snoring	Sleep Apnea
ooth grinding or jaw clenching Pain, clicking, or locking of the jaw joint	Pain or soreness in muscles of face
Difficulty in chewing any food Treatment for TMD or TMJ problems	A relative with similar tooth/jaw problems
prior orthodontic exam or treatment Speech therapy	Dead teeth or root canals (necrotic)
las either parent had braces or ortho reatment	
mergency Contact-Person outside household	
lame {} Relationship to patient {}	

Questionnaire Page: 3/3