



Patrick A. Niland, DDS, MS

PATIENT HEALTH HISTORY



Patient's Name _____
Last First Initial

Sex M F Age _____ Birthdate _____

Does the patient have or has the patient had any of the following **(please respond to each question)**:

<ul style="list-style-type: none"> • Cardiovascular Problems Yes No (heart trouble, heart attack, angina, atherosclerosis, stroke, congenital heart defects, heart murmur or rheumatic heart disease) If Yes, Specify _____ • Bruises Easily or Frequently Yes No • Asthma Yes No • Diabetes Yes No • Endocrine or Thyroid Problems Yes No • Epilepsy Yes No • Hemophilia (bleeding disorder) Yes No • Hepatitis, Jaundice or Liver Problem Yes No • AIDS or HIV Positive Yes No • Cold Sores Yes No • Frequent Headaches, Colds or Sore Throats Yes No • If the patient is female, is she pregnant? Yes No 	<ul style="list-style-type: none"> • Is patient presently taking medication? Yes No Which ones _____ • Does patient require premedication before dental appointments? Yes No Please list _____ • Does patient have any drug allergies or adverse reactions? Yes No Which ones _____ • Is patient currently under a physician's care? Yes No Who _____ Reason _____ • Has patient had any serious illness in the past? Yes No Please list _____ • Are there other medical problems we should be aware of? Yes No Please list _____ • Is patient a smoker or have a history of smoking? Yes No
---	--

Why is the patient seeking orthodontic treatment? _____
Has your family dentist suggested any other treatment? _____

Does the patient have any of the following?

<ul style="list-style-type: none"> • Excessive Overbite Yes No • Protruding Teeth Yes No • Crowded Teeth Yes No • Space Between Teeth Yes No • Missing Teeth Yes No • Underbite Yes No 	<ul style="list-style-type: none"> • Periodontal (Gum) Disease Yes No • Cross Bite Yes No • Temporomandibular Joint (TMJ) Problems Yes No • Grinding of the Teeth Yes No • Thumb or Finger Sucker Yes No
--	--

Signature _____ / Print Name _____ Date _____
Updates (date and initial) 1) _____ 2) _____