

MEDICAL HISTORY

Patient's name: _____ Birthdate _____ Age _____
 Sex: Male Female

Does the patient have a history of:

Excessive or prolonged bleeding?	Yes	No	Cerebral Palsy?	Yes	No
High Blood Pressure?	Yes	No	Sickle Cell Disease or Trait?	Yes	No
Kidney Disease?	Yes	No	Heart Trouble?	Yes	No
Rheumatic Fever?	Yes	No	Asthma?	Yes	No
Ear Infections?	Yes	No	Liver Disease?	Yes	No
Fainting?	Yes	No	High Fevers?	Yes	No
Diabetes?	Yes	No	Tonsillitis?	Yes	No
Tuberculosis?	Yes	No	Dizziness?	Yes	No
Behavior Problems?	Yes	No	Anemia?	Yes	No
Cancer or Tumors?	Yes	No	Hepatitis?	Yes	No
Speech Problems?	Yes	No	Nutritional Problem?	Yes	No
Hearing Problems?	Yes	No	Convulsions or seizures?	Yes	No
Birth Defects?	Yes	No	Vision Problems?	Yes	No
Any special problems not listed?	Yes	No	Heart murmur?	Yes	No
AIDS?	Yes	No			
Other immune disorders?	Yes	No			
Females – Has menstruation begun?	Yes	No	If yes, what age?		
Is the patient presently in good health?	Yes	No			
Is the patient under the care of a physician?	Yes	No			
Name of physician:			Telephone number:		
Has patient been in a hospital or had surgery?	Yes	No			
If yes, please detail when and for what reason:					
Has the patient had an unusual or allergic reaction to medications such as penicillin, aspirin, local anesthetics, or latex?				Yes	No
Is there a history of other allergies?	Yes	No			
If yes, please describe:					
Is the patient taking any medications?	Yes	No			
If yes, please list medications, dosages, and purpose for medication:					
Please describe any medical treatment, pending surgery, recent injuries, or other information the doctor should be aware of?					
Is there other information that you believe would be helpful for us?					

PLEASE COMPLETE OTHER SIDE

All of us here at Elfman Orthodontics are excited that you are coming in for a visit. We want you to know that this appointment will be fun and painless! While you are here, Dr. Elfman will determine if you need braces to help you have a beautiful and healthy smile. You'll also learn about our patient contests and incentive programs. We're always giving away fun prizes here at Elfman Orthodontics. Please complete this form and bring it in with you to your appointment so we can get to know all about you!



**WELCOME “JOHNNY SMITH”
TELL US A LITTLE ABOUT YOURSELF:**

Dr. Elfman got his orthodontic degree from the University of Penna., what school do you attend right now?

Dr. Elfman liked science in school, what is your favorite subject? _____

Dr. Elfman has 1 older brother and 1 younger sister; do you have any brothers or sisters? _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Dr. Elfman has no pets; do you have any pets? _____

Dr. Elfman played soccer in college; do you play any sports? _____

Dr. Elfman played the trumpet; do you play an instrument? _____

Our Patient Coordinator Kimmy loves pizza; what is your favorite food? _____

Our entire staff is excited to meet you; are you excited about getting braces? _____

We have patients from schools all around our community; do you have any friends who come to our office?

Name: _____ Name: _____