



**reichheld ting
orthodontics**
ADULTS & CHILDREN

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MEDICAL/DENTAL HISTORY

Patient's Name: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Yes No Are you currently under any medical treatment? _____

Yes No Do you have pain, clicking, and/or popping noises in the jaw? _____

Yes No Are you aware of either clenching or grinding of teeth? _____

Yes No Do you have frequent headaches? How often? _____

Yes No Do you have habits such as nail biting, finger or thumb sucking, lip or cheek biting? _____

Yes No Do you have speech problems, or are you in speech therapy? _____

Yes No Do you have a history of: Joint swelling Asthma TB AIDS Kidney problems Liver Condition
Epilepsy Rheumatic Fever Hepatitis Other major illnesses? _____

Yes No Do you bleed easily? _____

Yes No Is there a tendency to faint or become dizzy? _____

Yes No Do you have allergies? (Sulphur, penicillin, novocaine, etc.) _____

Yes No Are you currently taking any medication? List: _____

Yes No Do you have a heart condition? If yes, do you pre-medicate? Yes No Cardiologist name: _____

Yes No Have you ever been diagnosed with any bone diseases such as Osteopenia, Osteoporosis or Paget's Disease? _____

Yes No Are you currently or ever been treated for Osteopenia, Osteoporosis or Paget's Disease? _____

Yes No Have you ever taken a bone building or strengthening medication such as Fosamax to reduce bone loss? _____

Yes No Do you have sleep apnea? _____

Yes No Is there a chance you may be pregnant? _____

Yes No Do you smoke or chew tobacco? _____

Yes No Have there been any injuries to the teeth? _____

Yes No Have you had any permanent teeth extracted? _____

Yes No Have we treated any other family members? If so, whom: _____

To the best of my knowledge, all of the preceding answers are true and correct. If there is ever any change in this patient's medical history or this patient's medication change, I will inform the doctor at my child's next appointment without fail.

Responsible Party's Signature: _____ **Date:** _____



Member
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