LUKS ORTHODONTICS

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Child Orthodontic Medical History

PATIENT NAME:

BIRTH DATE: AGE:

SCHOOL:

RESPONSIBLE PARTY: Dr. ❑ Mr. ❑ Mrs. ❑ Miss ❑ Ms. ❑

NAME:

ADDRESS:
(STREET)

(CITY) (POSTAL CODE)

RESIDENCE TEL:

BUSINESS TEL (MOTHER):

BUSINESS TEL (FATHER):

PATIENT'S CELL: EMAIL:

REFERRED BY:

DENTIST'S NAME:

DENTAL INSURANCE: Yes ❑ No ❑

1. WHAT ORTHODONTIC CONCERNS DO YOU HAVE ABOUT YOUR TEETH OR MOUTH?

2. HAS YOUR CHILD OR ANY OTHER MEMBER OF YOUR FAMILY EXPERIENCED ORTHODONTIC TREATMENT? Yes ❑ No ❑ (If yes, who?)

3. HAS YOUR CHILD SUFFERED ANY SEVERE ACCIDENTS INVOLVING: Face ❑ Teeth ❑ Jaws ❑ None ❑

4. DOES YOUR CHILD HAVE ALLERGIES RELATED TO: Asthma ❑ Hayfever ❑ Drugs ❑ Latex ❑ None ❑

5. DOES YOUR CHILD HAVE DIFFICULTY BREATHING THROUGH HIS/HER NOSE? Yes ❑ No ❑

6. DOES YOUR CHILD HAVE ANY ORAL HABITS SUCH AS: Thumbsucking ❑ Fingersucking ❑ Tonguethrusting ❑ None ❑ Other ❑

7. HAVE THE TONSILS AND/OR ADENOIDS BEEN REMOVED? Yes ❑ No ❑ (If so, when?)

8. HAS YOUR CHILD EXPERIENCED ANY COMPLEX OR UNUSUAL DENTAL TREATMENT? Yes ❑ No ❑

(If so, please explain.)

9. IS YOUR CHILD PRESENTLY IN GOOD GENERAL HEALTH? Yes ❑ No ❑ PHYSICIAN'S NAME:

10. IS YOUR CHILD PRESENTLY UNDER A PHYSICIAN'S CARE FOR ANYTHING THAT IS OTHER THAN ROUTINE? Yes ❑ No ❑

(If so, for what reason?)

11. IS YOUR CHILD CURRENTLY TAKING ANY MEDICATION? Yes ❑ No ❑ (If so, please list.)

12. HAS YOUR CHILD EVER BEEN ADMITTED TO A HOSPITAL? Yes ❑ No ❑ (If so, for what reason?)

13. HAS YOUR CHILD EVER EXPERIENCED ANY SERIOUS ILLNESSES SUCH AS: Rheumatic Fever ❑ Auto Immune Disease ❑ Hepatitis ❑

Vascular Disorders ❑ Artificial Joints, Heart Valves, etc. ❑ Heart Disease ❑ Other ❑ None ❑

Parent or Guardian signature *Date*

Our office complies with privacy legislation, the regulations of the Royal College of Dental Surgeons of Ontario and the law. Please be assured that every team member in our office is committed to protecting your personal health information.

The above medical history is correct to the best of my knowledge. I authorize Drs. Luks to consult with and/or send reports to medical and/or dental practitioners as it relates to orthodontic treatment.