

# ORTHODONTIC - HEALTH QUESTIONNAIRE and PATIENT INFORMATION DRS. HOFFMAN & WOLK

DATE			

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DATE \_\_\_\_\_

- A. Mark on the pattern if you've ever** **had** **any** **problems** **regarding** **the** **item** **listed?**
- Crooked
  - Swollen
  - "Wet" teeth
  - Punctured gum
  - Painful jaw
  - Bleeding gums
  - Soreness
  - Gum disease / recession
  - Abscesses
  - Jaw dysfunction
  - Mouth too small
  - Chipping jaw
  - Chipped or broken teeth
  - Painful or loose teeth
  - Bleeding / Swollen / sore
  - Swollen / Painful gum
  - Jaw pain
  - Irregular facial proportions
  - Normal appearance

- B. MEDICAL HISTORY**
1. Present health
- a. Physical \_\_\_\_\_
- b. Emotional \_\_\_\_\_

2. If child has patient received jewelry?

3. How do you feel you are best off at the following conditions?
- Allergic
  - Anemic
  - Asthma
  - Arteriosclerosis
  - Back
  - Bacteremia
  - Blood disease
  - High Blood Pressure
  - Low Blood Pressure
  - Bone disease
  - Cancer
  - Cholera
  - Cholesterol
  - Diabetes
  - Epilepsy
  - Endocrine problems
  - Endocarditis
  - Headache
  - Heart disease
  - Hearing disorder
  - Kidney disease
  - Muscular tissue
  - Nerve disease
  - Nerve dysfunction
  - Rheumatoid disease
  - Rheumatic fever
  - Stomach
  - Stomach problems
  - Teeth, gum, jaw, or head
  - Other \_\_\_\_\_

- 4. BRUSHING TOOTH (brush combination taken by the patient)**
- Front (top) teeth, etc.
  - Anterior
  - Cervical (neckline)
  - Maxillary (upper) incisors, etc.
  - Veneers
  - Both upper & jls
  - Back teeth
  - Maxillary incisors
  - Teeth
  - Other \_\_\_\_\_

- 5. ASSISTANCE TO BRUSH TEETH, VENEER**
- The patient demonstrates an average response to:
- Assistance (specific)
  - Pain (tooth, etc.)
  - Daily practice
  - Effect, results
  - Cost of tool
  - Other \_\_\_\_\_

- 6. INTEREST HISTORY**
- The following are of interest to the orthodontist from the patient:

- 1. Does other sleeping?
- 2. Mouth through the mouth? mouth disorder rather than teeth disorder?
- Swollen
- Swollen
- Swollen
- 3. Painful to the jaw (jaws)?
- 4. Jaw-chewing lower jaw?
- 5. Jaw growth problems?

- 7. The following habits are of interest to the orthodontist:**
1. Thumb sucking
- Never
  - Presently
  - Presently
2. Finger sucking
- Never
  - Presently
  - Presently
3. Lip biting or sucking?
4. Grinding of teeth?
5. "Tongue-kneading"?

8. Other habits?

**9. PATIENTS AT RISK FOR BRUSHING, FLOSSING, AND ORTHODONTIC TREATMENT:**

1. Dental hygiene
- Twice a day
  - Once a year
  - Only if urgent
  - None

2. Is patient aware of any orthodontic problem?

3. Patient's interest in orthodontic treatment
- None
  - Treatment if necessary
  - Consulting with expert
  - Orthodontist

4. Orthodontic consultation prompted by:
- Patient
  - Doctor
  - Mother
  - Father
  - Spouse
  - Friend
  - Physician
  - Friend
  - Other

5. Has the patient had previous orthodontic consultation or treatment?

6. Has the patient had any unusual dental experience?

7. Are there any medical, dental or surgical problems not covered above?

Personal interests  
in sports, music

\_\_\_\_\_

\_\_\_\_\_