



Adult Information Card

Please print clearly!

Surname:..... First name:..... Preferred name:.....
Birthdate:...../...../..... Gender M F Email:.....
Address:..... Suburb:..... Postcode:.....
☎ Home:..... ☎ Bus:..... ☎ Mobile:.....
Dentist:..... Referred by:..... Doctor:.....
Occupation:.....
Employer/Uni/College:.....
Hobbies/Sports/Interests:.....

Dental History

	Yes	No
1. Have you had an orthodontic consultation previously?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you previously had any orthodontic treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had any injury to the jaws or teeth?	<input type="checkbox"/>	<input type="checkbox"/>
If so, what and when?.....		
4. Do you know of any missing or extra permanent teeth?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had any facial or jaw joint pain?	<input type="checkbox"/>	<input type="checkbox"/>
6. The date of last dental examination:.....		
7. Reason for seeking an orthodontic opinion:.....		



Please turn over



Name:.....

Medical History

Yes No

1. Are you in good health?

2. Do you have a history of serious illness, accident or operation?

Please list.....

3. Are you under a physician's care for any problems at this time?

4. Are you presently taking any medication?

Please list.....

5. Do you have any allergies or drug sensitivities?

Please list.....

6. Have you ever had or have any of the following? (Please answer **Yes** or **No**):

- | | | |
|------------------------------|----------------------------|--------------------------|
|Heart Disease |Emotional Problems |Kidney Problems |
|Rheumatic Fever |Epilepsy/Convulsions |Learning Disability |
|Endocarditis |Fainting or Dizziness |Liver Problems |
|Heart Murmur |Hearing Problems |Pneumonia |
|"Hole" in the Heart |Bleeding Disorders |Asthma |
|Cleft Palate |Bone Disorders |Speech Problems |
|Diabetes |Hepatitis |Tonsillitis |
|Endocrine Problems |HIV |Tuberculosis |
|Broken Bones |Joint prosthesis | Arthritis |
| Other (please explain) | | |

Because of the long-term nature of orthodontic treatment, it is important that you let us know of new medical conditions that may be diagnosed while under our care.

Signature

Date

