ADULT ORTHODONTIC CONSULTATION

Name: _____

Date of Birth: _____

Address: _____

Contact Nos: (Home):_____ (Cellular):_____
Bus. Phone: _____
E-Mail:_____
Occupation:_____

Place of Employment: _____
Address of Employer: _____
Spouse's Name: _____
Occupation: _____

(Cellular):_____
Contact Nos: (Home):_____
Bus. Phone: _____

General Dentist: _____
Last Visit: _____
Physician: _____
Who referred you to this office? _____
Who will be responsible for this account? _____
Address (if other than the above): _____
Employed by: _____

Contact Nos: (Home):_____ (Cellular):_____

Bus. Phone: _____

Do you have dental insurance that may provide orthodontic benefits?

In your own words, what is the problem?_____

3E Courtyard Plaza
Leeward Highway
Providenciales, Turks and Caicos Islands
Tel No: 649-941-2220; Fax: 649-941-2221; Mobile: 649-242-4609
Email: smiletci649@gmail.com
Website: www.SmileTingrinner.com

Patient Number:_____Date:_____

MEDICAL AND DENTAL HISTORY (This information is confidential and for our use only):

Have you seen an orthodontist previously? _____

Was any treatment provided? _____

_____

How many times do you brush daily? _____

Do you:

Floss? _____ How often? _____

Smoke? _____ How many per day? _____

Take any medication regularly?_____ What?_____-

Have you ever had: Please explain any "Yes" answers below:

- Tonsils & adenoids removed? .....
- Periodontal therapy?.....
- Rheumatic fever? ……..
- Trauma to the head, face or teeth? ...
- Surgery of the head or face? …...……

Do you have:

- Drug or other allergy, hay fever, asthma? ……..…
- Difficulty breathing through nose (awake and/or asleep)? ..
- Frequent headaches? ……
- Sinus problems? ……..…….
- Earaches? ……...
- An unusual amount of stress in your life? ……..…..
- Any habits such as nail biting, teeth clenching, lip biting? ..
- Any speech problems? …….
- Frequent neck or back aches? ……...
- A low pain tolerance? ……...
- Difficulty opening your mouth wide? ……..
- Clicking, popping or other noises when opening or closing your jaws? ……..…
- Any other health problems? …….
- Any special concern about undergoing orthodontic treatment? ……

Thank you for choosing SmileTCI! The place for braces!

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