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Orthodontic Care
A Dental Corporation

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MEMBERS

AMERICAN
ASSOCIATION OF
ORTHODONTISTS

Medical History Update For: _____ **Date:** _____

If you are completing this for another person, what is your relationship to that person?
_____

1. Are you currently in good health?...YES NO

2. Has there been any change in your general health since you completed
   you last Medical History Form?...YES NO
   If YES, please explain_____

3. My last physical exam was on_____

4. Are you now under the care of a Doctor?...YES NO
   If Yes, what is the condition being treated_____

5. Are you taking any medicine(s), including non-prescription.....................YES NO
   If YES, please list_____

6. Do you have any disease, condition, or problem not listed above that
   you think I should know about?..YES NO
   If YES, please explain_____

7. Are you having any continuous and unresolved problem with your
   orthodontic therapy?...YES NO
   If YES, please explain_____

8. Have you seen your general dentist within the last 6 months_____YES NO

9. Who is your general dentist_____

In our attempt to better communicate with our patients/parents may we
please have your e-mail_____

THIS IS AN IMPORTANT NOTICE TO ALL OF OUR PATIENTS AND OR PARENTS
Our patients are expected to visit their dentist at least twice a year for a dental check up and cleaning of the teeth. If
you have not seen your general dentist for 6 months or more, you should schedule an appointment as soon as possible.
These semi-annual visits are an integral part of your orthodontic treatment and we appreciate your cooperation.