



CONFIDENTIAL

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MEDICAL DENTAL HISTORY FORM
FOR ADULT PATIENTS

Date _____
Patient's Last Name _____ First _____ Middle _____
Birthdate _____ Age _____ Sex _____ Home Phone _____ Cell _____
Marital Status _____ Address-Street _____
City _____ State _____ Zip _____
Name of spouse/closest relative _____ Phone number _____
His/Her address _____ City _____ State _____ Zip _____
Name of **dentist** _____
Referred by _____
Name of physician _____
Employer _____
Occupation _____ SSN _____ Work phone number _____
Dental insurance coverage yes _____ no _____
Primary **Dental** Insurance Co. _____ ID number _____
Secondary **Dental** Insurance Co. _____ ID number _____

In case we cannot reach you:

Person to contact _____ Phone _____ Relationship _____

For the following questions circle yes, no, or do not know/understand (dk/u). The answers are for office records only and will be considered confidential. A thorough and complete history is vital to a proper orthodontic evaluation.

MEDICAL HISTORY

- | | |
|--|--|
| yes no dk/u Birth defects or heredity problems? | yes no dk/u Endocrine or thyroid problems? |
| yes no dk/u Bone fractures, any major accidents? | yes no dk/u Kidney problems? |
| yes no dk/u Rheumatoid or arthritic conditions? | yes no dk/u Diabetes? |
| yes no dk/u Sexually transmitted disease? | yes no dk/u Cancer or been treated for a tumor? |
| yes no dk/u Mental health or behavioral problem? | yes no dk/u Stomach ulcer or hyperacidity? |
| yes no dk/u Vision, hearing, tasting or speech difficulties? | yes no dk/u Polio, mono, tuberculosis, pneumonia? |
| yes no dk/u Loss of weight recently, poor appetite? | yes no dk/u Problems of the immune system? |
| yes no dk/u Excessive bleeding, black and blue tendency, anemia or bleeding disorders? | yes no dk/u AIDS or HIV positive? |
| yes no dk/u High or low blood pressure? | yes no dk/u Hepatitis, jaundice or liver problem? |
| yes no dk/u Tires easily? | yes no dk/u Fainting spells, seizures, epilepsy or neurological disease? |
| yes no dk/u Chest pain, shortness of breath or swelling ankles? | yes no dk/u Cardiovascular problem (heart trouble, heart attack, angina, coronary insufficiency, arteriosclerosis, stroke, inborn heart defects or rheumatic heart)? |

