Drs. Broderick, Dusek, & DeLeon Orthodontics

500 Eisenhower Drive
Savannah, Georgia 31405

Telephone: (912) 355-7022
Fax: (912) 355-1415

Patient's Name____ **Date**____________

Medical History

	YES	NO		YES	NO
Diabetes	☐	☐	Blood Disorder	☐	☐
Asthma	☐	☐	Heart Disorder	☐	☐
Seasonal Allergies	☐	☐	Pacemaker or Hearing Aid	☐	☐
Drug Allergies	☐	☐	Are Tonsils Present	☐	☐
Broken Bones	☐	☐	Osteoporosis	☐	☐

If Yes to any questions, please Specify:____

____

List any serious or chronic illness:____

____

List any Medications being taken:____

____

Are you taking any medications for osteoporosis?____

Dental History

What is the name of your Dentist?____

When was the last time you saw the Dentist?____

When were the last X-rays taken?____

Have there been injuries to the teeth or jaws (falls, blows, chips)?__________________________

Any habits that might cause an orthodontics problems (thumb sucking, mouth breathing, etc)?

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Has an orthodontist been previously consulted?________________How long ago?____________

How often does the patient brush his or her teeth?______________________________________

Attitude of patient toward orthodontic treatment: Favorable______ Indifferent______Negative______

Patient's Signature______________________________________ **Date**____________

Parents Signature____ **Date**____________

(If patient is a minor)