



Dr. Christos Vlachos DMD, MS  
Dr. Deborah Sema DMD, MS  
Dr. André Ferreira DMD, MS



## MEDICAL HISTORY

Physician \_\_\_\_\_ Date and reason for last visit: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Please circle Yes or No (If Yes, please fill in details)

Yes No Are you taking any medication? \_\_\_\_\_

Yes No Are you allergic to any medication? \_\_\_\_\_

Yes No Do you have a history of a major illness? \_\_\_\_\_

Yes No Have you had any operations? \_\_\_\_\_

Yes No Have you ever been involved in a serious accident? \_\_\_\_\_

Yes No Have there been any injuries to the face, mouth, or teeth? \_\_\_\_\_

Yes No Are you presently in any dental pain? \_\_\_\_\_

Yes No Is any part of your mount sensitive to pressure or temperature? \_\_\_\_\_

Yes No Do your gums bleed when you brush your teeth? \_\_\_\_\_

Yes No Have you ever seen an Orthodontist? If yes, who and when? \_\_\_\_\_

Yes No Do you experience jaw related headaches, clenching of teeth, or TMJ issues?

Are there any medical conditions we have not discussed that you feel we should be aware of? \_\_\_\_\_

Female Patients only:

Yes No Are you pregnant? \_\_\_\_\_

Yes No Has menstruation started?

## BENEFITS

Benefits of Orthodontics: Aesthetics, Health and Function. Orthodontics is a service that provides an improvement in the appearance of the teeth, in the general function of the teeth, and in general dental health. Teeth, gums and jaws are an intricate body part and can fail to respond to treatment. An informed consent form will be handed to the responsible party. Please read it carefully and let us answer any questions before the start of treatment. I have truthfully answered all the above questions and agree to inform this office of any changes in my medical or dental history.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that, when appropriate, credit risk assessment may be obtained. Credit reports for Medical/Dental purposes do **NOT** affect the responsible party's credit score in any way.

Signature (Parent's signature if minor) \_\_\_\_\_