# MEDICAL HISTORY

**Do you have any allergies**? (E.g. Penicillin) NO / YES - Please list .....

**Behavioral disorders (e.g. ADHD)** NO / YES – please list .....

| | | | |
|---|---|---|---|
| **Yes / No** | **High Blood Pressure** | **Yes / No** | **Diabetes** |
| **Yes / No** | **Heart Ailment** | **Yes / No** | **Thyroid Problems** |
| **Yes / No** | **Rheumatic Fever** | **Yes / No** | **Excessive bleeding or blood disorder** |
| **Yes / No** | **Asthma, Chest or Breathing problems** | **Yes / No** | **Epilepsy** |
| **Yes / No** | **Tuberculosis** | **Yes / No** | **Hepatitis** |
| **Yes / No** | **Stomach or Bowel Problems (e.g. Ulcer)** | **Yes / No** | **AIDS/HIV** |
| **Yes / No** | **Kidney Disease** | **Yes / No** | **Bone Disorders or Diseases** |

.....

**Please list any other illnesses / conditions** .....

**Are you taking any prescribed medications**? Please list - .....

**Do you have: an artificial hip, heart valve, or other prosthetic implant**?.....

**Please list any significant previous dental treatment** .....

**Have you ever had any problems with dental treatment**? .....

**Are you currently under any medical care**? .....

**Would you like to discuss any of these questions in private with the orthodontist?**.....

*THANK YOU FOR YOUR ASSISTANCE IN COMPLETING THIS FORM AS ACCURATELY AS POSSIBLE.*

**I have completed this questionnaire to the best of my knowledge and understand that failure to make a full disclosure may place me at undue medical risk. I understand that notes, radiographs (X-Rays), or models relating to my treatment may need to be sent to other dental practitioners to aid them in my treatment and consent to this. I also give my permission for the practice to use the above contact details to send me appointment and checkup reminders.**

**Print name: _____ Relationship: _____**

**Signed**..... **Date**.....

**(If under the age of 18 parent/guardian must sign)**

**On future visits any changes to the above should be advised.**


Align Orthodontics

**Dr Barbara Carach** BSc, BDSc, Grad Dip Clin Dent, MDSc (Melb)
**175 Warrandyte Road, Ringwood North, Vic 3134**
**Phone: 9876-1677 Fax: 9876-1660**