ORTHODONTICS

Christopher J. Trentini, DDS, MS 2727 Horse Pen Creek Road, Suite 103 • Greensboro, North Carolina 27410 ACQUAINTANCE AND HEALTH QUESTIONNAIRE

FOR ADULT PATIENT

Patient Name					Today's Date
Preferred Name		Birthdate	Sex		
Home Address					Phone
Email Address				_	
Occupation			Business Phone		Cell Phone
Business Name/Address					
Spouse		Occupation			Business Phone
Patient's Physician					City
Patient's Dentist			Phone		
Date of last dental appointmen					
	you wish to have correc	ted?			
Name of any family members					
Whom may we thank for refer	ring you to our office?				STREET TO THE STREET
MEDICAL HISTORY (Please	check if you have eve	er had any of the fo	ollowing conditions	s-give deta	ails below)
Yes No	Yes No		No		Yes No
Hepatitis	Cancer	-			Epilepsy/Convulsions
Tuberculosis	Diabetes		Sinus Problem	ns	Drug Allergies
Rheumatic Fever	Kidney Pr		Mental Retarda	ation	Wear contact lenses
AIDS/HIV	Liver Prob			blems	Currently Pregnant
Heart Disease	Bleeding		High Blood Pre		Other (describe below)
Heart Murmur			equired prior to denta		
LATEX ALLERGY	Is antibiot	c pre-medication re	quirea prior to derite	ai violo.	
Are you in good health? Yes Is there any history of serious i Are you currently under the ca List any medication you are tal	re of a physician for any	explain ation? Yes problem at this time	e? Yes No	If yes	s, explain
				reason	
				1003011	
DENTAL HISTORY (please of				D '	do - do - dol bro - do d
Grinding or clenching of te		Missing or extr			us periodontal treatment
	mb sucking (age stopped)Difficulty chewin			Date/Location:	
Facial or jaw joint pain					
Injury to mouth or teeth		None of the al	bove	Da	te/Location:
Additional Information:		والمنطأنات	Erry File		
Doctor's notes:					
If treatment is provided here, p	olease give the following	information for the	person responsibleSocial Security	for paymen	t (If other than yourself):Phone
Address					
Relationship to Patient			_Occupation		
Business Name/Address_					Business Phone
Do you have insurance that co	overs orthodontic treatm	ent?			
Your signature below confir	ms that the above info	ormation is correct	t		
Patient's signature:					