



SWENSON
ORTHODONTICS

Physician: _____ Dentist _____

Does the patient:

Yes No

- have any health problems (current or past) _____
- take any medications (current or past) _____ Phen-fen _____
- currently see a physician for a medical condition _____
- have allergies (itching, rash, swelling, sensitivity) to anything _____
- have a history of any illnesses or hospitalizations _____
- have a history of any surgery or major medical problems _____
- use drugs, alcohol or tobacco _____
- have trouble breathing through the nose (mouthbreather) _____
- have a tendency for ear infections or noises in the jaw joint _____
- have any pain or clicking in the jaw joint or head/neck regions _____
- have any history of trauma to the jaw or face _____
- experience frequent headaches, or head/neck pain _____
- play any wind/reed instruments or the violin _____
- have negative reactions or experiences to any type of dental work _____
- need to take medications before dental work because of a heart or valve condition _____

Has the patient ever had any of the following:

Yes No

- Heart trouble, congenital heart lesions
- Heart murmur, heart pacer
- High or low blood pressure
- Rheumatic fever, heart valve problems
- Arteriosclerosis or stroke
- Chest pains on mild exertion
- Shortness of breath on mild exertion
- Kidney disease or problems
- Excessively swollen ankles or tissues
- Anorexia, Bulimia
- Venereal disease
- Scarlet Fever
- Liver disease
- Hepatitis, jaundice, liver problems
- Hearing problems, ringing in the ears
- Cold sores, herpetic lesions, cankers
- Skin rash, lesions, hives, fever blisters
- Prostate disorders
- Glaucoma, cataracts
- Sudden weight change
- Trauma to face, chin or jaw
- Frequent chronic headaches
- Blood transfusion, if so, when _____

Yes No

- Diabetes or a family history of same
- Excessive chronic thirst
- Thyroid disorders or family history
- Endocrine disturbances
- Anemia, blood diseases
- Bleeding disorders, prolonged bleeding
- Arthritis, sore or swollen joints
- Tuberculosis, chronic or frequent cough
- Mononucleosis or other viral diseases
- HIV virus or AIDS
- Ulcers, internal bleeding
- Emphysema, breathing problems
- Asthma, respiratory problems
- Radiation treatment, chemotherapy
- Malignancies, tumors or growths
- Epilepsy or seizures
- Hyperactivity, nervousness
- Fainting, dizziness, unconsciousness
- Chronic exhaustion or fatigue
- Chronic nervousness, high stress
- Chronic unhappiness or depression
- Emotional problems or tension
- Psychiatric treatment _____

For female patients, is the patient now:

Yes No

- Pregnant
- Taking birth control

Yes No

- Presently in menopause
- Past menopause

Please explain fully any "Yes" answers above, or any family history of any of the above conditions.

Please explain your orthodontic concerns and what you would like orthodontics to accomplish for you.

I certify that the information above is true and accurate and that if there are any changes in this medical history, that I will notify this office. I agree to allow Dr. Swenson to discuss or share this information with whomever he deems necessary.

Patient/Legal guardian signature _____ Date _____

680 East Main Street, Suite 201
Lehi, Utah 84043
Phone (801)766-5500
Fax (801)766-5605
swensonsmiles.com

