NOR CAL ORTHODONTICS
Smile With Confidence

ORTHODONTIC PATIENT HEALTH QUESTIONNAIRE

NAME _____

I. SUBJECTIVE COMPLAINTS AND CONCERN

A. What are the patient's or parents' main concerns regarding the jaw and teeth?

	Mild	Moderate	Severe
1. Facial Pain	☐	☐	☐
2. Gum Disease/Recession	☐	☐	☐
3. Gum Problems	☐	☐	☐
4. Headaches	☐	☐	☐
5. Jaw Dysfunction	☐	☐	☐
6. Jaw Joint Sounds	☐	☐	☐
7. Jaw Pain	☐	☐	☐
8. Neck Pain	☐	☐	☐
9. Ringing or "Stuffy" Ears	☐	☐	☐

- ☐ Bad Bite
- ☐ "Buck" Teeth/Overjet
- ☐ Crowding of Upper Teeth
- ☐ Crowding of Lower Teeth
- ☐ Crowding of Upper and Lower Teeth
- ☐ Crossbite
- ☐ Dentist Recommended Seeing an Orthodontist
- ☐ Gummy Smile
- ☐ Impacted Tooth/Teeth
- ☐ Improper Tooth Position
- ☐ Irregular Facial Proportions
- ☐ Irregular Shaped Tooth/Teeth
- ☐ Missing Tooth/Teeth
- ☐ Mouth too Small
- ☐ Open Bite
- ☐ Overbite
- ☐ Prominent Lower Jaw (too 'strong')
- ☐ Protrusion of Teeth
- ☐ Recessive Lower Jaw (too 'weak')
- ☐ Rotations
- ☐ Small Teeth
- ☐ Spaces
- ☐ Thumb/Finger Habit
- ☐ Underbite
- ☐ OTHER _____

_____

B. Family members with similar problems:

- ☐ Father
- ☐ Mother
- ☐ Brother
- ☐ Sister
- ☐ OTHER _____

II MEDICAL DENTAL HISTORY

A. Present Health	Good	Fair	Poor
1.Physical	☐	☐	☐
2. Emotional	☐	☐	☐
3. Under Stress	☐	☐	☐

	Yes	No
B. Has the patient reached puberty?	☐	☐

C. Has the patient ever had any of the following conditions?

- ☐ Allergies
- ☐ Arteriosclerosis
- ☐ Asthma
- ☐ Autoimmune Disorder
- ☐ Blood Disease
- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Bone Disorders
- ☐ Cancer
- ☐ Diabetes
- ☐ Dizziness
- ☐ Emotional Problems
- ☐ Endocrine Problems
- ☐ Epilepsy
- ☐ Female Problems
- ☐ Hearing Disorders
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ HIV/AIDS/ARC (Circle)
- ☐ Kidney Disease
- ☐ Rheumatic Fever
- ☐ Ringing of Ears
- ☐ Sleep Disturbance
- ☐ Trauma (to face, teeth, jaws, or head)
- ☐ OTHER _____

D. MEDICATIONS - Current medications taken by the patient:

- ☐ Antibiotics
- ☐ Birth Control Pills
- ☐ Diet Pills (diuretics)
- ☐ Heart Pills (digitalis, etc.)
- ☐ Insulin
- ☐ Muscle Relaxants (valium, etc.)
- ☐ Pain Pills (demerol, codeine, etc.)
- ☐ Sleeping Pills
- ☐ Tranquilizers (elavil, valium, etc.)
- ☐ Vitamins
- ☐ OTHER _____

(over)