



MYORTHO

WELCOME TO THE PRACTICE

Patient's Surname _____

Patient's First name _____

Title Mr / Mrs / Miss / Ms / Master / Dr

Preferred Name _____

Referred by _____

Usual Dentist _____

Date of Birth _____

Sex M F

Home Address _____

Mailing Address (if different) _____

Suburb _____

Postcode _____

Telephone Home _____

Work _____

Mobile _____

Person Responsible for Payment

Self Mother & Father Mother

Father Other _____

IF APPLICABLE

School/University _____

Mother's name in full _____

Mother's Title Mrs / Miss / Ms / Dr / Other

Father's name in full _____

Father's Title Mr / Dr / Other

Email Address _____

What is your main concern about your teeth/bite? _____

MEDICAL HISTORY (Please indicate any of the following)

- | | | |
|---------------------------------------|--|---------------------------------------|
| <input type="radio"/> Diabetes | <input type="radio"/> Rheumatic Fever | <input type="radio"/> HIV/AIDS |
| <input type="radio"/> Epilepsy | <input type="radio"/> Endocrine Problems | <input type="radio"/> Hepatitis |
| <input type="radio"/> Asthma | <input type="radio"/> Cold Sores/Herpes | <input type="radio"/> Tonsil Removal |
| <input type="radio"/> Fainting | <input type="radio"/> Bone Disorder | <input type="radio"/> Adenoid Removal |
| <input type="radio"/> Heart Condition | <input type="radio"/> Excessive Bleeding | |

Any relevant details _____

Current Medications _____

ALLERGIES _____



MYORTHO

DENTAL HISTORY

Past injuries to face _____ Thumb/finger sucking _____

Mouth breathing _____ Teeth grinding _____

Extra or missing teeth _____

Have any family members had braces? _____

Has an Orthodontist been consulted previously? Yes No

Health Fund _____

Sports and Hobbies _____

Other relevant information? _____

If x-rays are required I (parent guardian) consent to the taking of all radiographs.

Signature _____

Thank you

All records may be used for teaching purposes.
This information will be treated in accordance with the organisations privacy policy.