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**Phone:**  
**(812) 477-8949**



**Fax:**  
**(812) 477-3945**

**<http://www.martinorthodontics.net>**

**Office Hours: Monday - Thursday 7:30 a.m. - 4:30 p.m.**

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**DENTAL/MEDICAL HISTORY OF:**

In order to ensure proper dental treatment and eliminate the possibility of any adverse reactions, please answer the following:

Patient's Physician:

Are you under any medical treatment now? If so, please explain.

Have you had any major health problems during the past two years? If so, please explain.

List any medications now being taken and the reason for taking each medication

List any allergies or drug sensitivity.

**Has a physician ever informed you that you have:**

(please check off any conditions that apply)

Fainting/Dizziness  
ADD/ADHD  
Rheumatic Fever/Heart Murmur  
Bone Disorders  
Kidney Involvement  
Asthma/Respiratory Disease  
Sinus Problems  
Nervous Disorders  
Liver Disorders  
Tumors/Growths/Cancer  
Hepatitis/Jaundice  
Allergies

Convulsions/Epilepsy  
Pneumonia  
Heart Trouble  
Tuberculosis  
Anemia/Blood Disease  
Prolonged Bleeding  
Diabetes/Endocrine Problems  
Headaches  
AIDS/HIV  
other:

Once you have completed this form, add your last name and first name to the title of the form (i.e.: Smith.Mary Dental Medical History FI) and save it to your computer desktop. Then you can open your email program and compose a new email, addressed to: [info@martinorthodontics.net](mailto:info@martinorthodontics.net)  
Finally, you can attach your completed form to the email and send it. If you don't want to email this form, you can simply print it out and return the completed form to Martin Orthodontics.