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



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

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

**Office Hours: Monday - Thursday 7:15 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	Convulsions/Epilepsy
ADD/ADHD	Pneumonia
Rheumatic Fever/Heart Murmur	Heart Trouble
Bone Disorders	Tuberculosis
Kidney Involvement	Anemia/Blood Disease
Asthma/Respiratory Disease	Prolonged Bleeding
Sinus Problems	Diabetes/Endocrine Problems
Nervous Disorders	Headaches
Liver Disorders	AIDS/HIV
Tumors/Growths/Cancer	other:
Hepatitis/Jaundice	
Allergies	

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.