



Mark A. Price, DDS, MSD, PC
(802)773-3130 (800)321-4264

DATE _____
PATIENT _____ BIRTHDATE _____
ADDRESS _____
CELL PHONE _____ HOME PHONE _____
SOC. SEC. # _____ EMAIL ADDRESS _____
EMPLOYER _____ WORK PHONE _____
ORTHODONTIC INSURANCE _____ POLICY HOLDER _____
DENTIST _____ REFERRAL SOURCE _____

ALLERGIES (specify) _____

PRESENT HEALTH GOOD FAIR POOR

DOES PATIENT REQUIRE "PREMEDICATION" PRIOR TO DENTAL APPOINTMENTS? YES NO

IS PATIENT PREGNANT? YES NO

HAS PATIENT HAD/HAVE ANY OF THE FOLLOWING CONDITIONS (check all that apply):

- Aids/HIV positive
- Arteriosclerosis
- Arthritis
- Asthma
- Autoimmune disorder
- Blood diseases
- Bone disorders
- Cancer
- Tongue thrust
- Diabetes
- Emotional problems
- Epilepsy/seizures
- Heart disease
- High/Low blood pressure
- Skin disorder
- Kidney disease
- Trauma
- Removal of teeth (reason) _____
- Other habits/unusual dental experiences (specify) _____
- Breathing through mouth more than nose
- Clenching/grinding
- Frequent headaches/migraines
- Difficulty chewing and/or swallowing
- Frequent colds, sore throats, tonsillitis
- Jaw joint issues/ joint pain/clicking
- Smoking/chewing tobacco
- Snoring
- Stomach ulcer/reflux
- Sucking habits (thumb, finger, lips, etc.)
- Endocrine/thyroid problems
- Hearing disorder
- Hepatitis
- Dizziness
- Osteoporosis – Biphosphonate medication (Fosamax, Actonel, Boniva)
- Joint replacement
- Permanent teeth erupting behind baby teeth