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DATE \_\_\_\_\_  
PATIENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_  
SIBLINGS \_\_\_\_\_  
PATIENT LIVES WITH \_\_\_\_\_  
ADDRESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
SOC. SEC. # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
ORTHODONTIC INSURANCE \_\_\_\_\_ POLICY HOLDER \_\_\_\_\_  
DENTIST \_\_\_\_\_ REFERRAL SOURCE \_\_\_\_\_

**BIRTH DEFECTS** (specify) \_\_\_\_\_

**ALLERGIES** (specify) \_\_\_\_\_

**DYSLEXIA, ADD/ADHD, OR OTHER LEARNING DISABILITY** (specify) \_\_\_\_\_

**PRESENT HEALTH**  GOOD  FAIR  POOR

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

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

- Aids
- Arteriosclerosis
- Asthma
- Autoimmune disorder
- Blood diseases
- Bone disorders
- Cancer
- Diabetes
- Emotional problems
- Epilepsy
- Heart disease
- High/Low blood pressure
- Kidney disease
- Trauma
- Breathing through mouth more than nose
- Clenching/grinding
- Difficulty chewing and/or swallowing
- Frequent colds, sore throats, tonsillitis
- Joint pain/clicking
- Smoking/chewing tobacco
- Snoring
- Sucking habits (thumb, finger, lips, etc.)
- Endocrine/thyroid problems
- Hearing disorder
- Hepatitis
- Dizziness
- Joint replacement
- Permanent teeth erupting behind baby teeth

Removal of teeth (reason) \_\_\_\_\_

Other habits/unusual dental experiences (specify) \_\_\_\_\_