



**Duncan Y. Brown Orthodontist\***  
 Suite 290 – 10655 Southport Rd. S.W.  
 Calgary, Alberta  
 T2W 4Y1

**Medical and Dental History Summary**

Please print this form and bring it with you to your New Patient Examination Appointment. Thank you.



**Medical and Dental History:  
 Tell Us About Yourself!**

Patient's First Name:

Patient's Last Name:

Address:

Date of Birth:

Hm. Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_ Dentist: \_\_\_\_\_

All Information will be treated as CONFIDENTIAL. Please advise us of any changes!

	Yes	No	Notes
Are You in Good General Health?	<input type="radio"/>	<input type="radio"/>	
Are you seeing a Medical Doctor? If so Who?	<input type="radio"/>	<input type="radio"/>	
When was your last visit to your Medical Doctor? Please describe.			

Summary of Medical History: **Please check where appropriate**

History of Major Illness	<input type="radio"/>	<input type="radio"/>
History of Heart Murmur, Rheumatic Fever	<input type="radio"/>	<input type="radio"/>
History of Liver Disease	<input type="radio"/>	<input type="radio"/>
History of Bleeding	<input type="radio"/>	<input type="radio"/>
History of Medications	<input type="radio"/>	<input type="radio"/>
Frequent Colds	<input type="radio"/>	<input type="radio"/>
Sore Throats	<input type="radio"/>	<input type="radio"/>
Ear Infections	<input type="radio"/>	<input type="radio"/>
Frequent Sinusitis	<input type="radio"/>	<input type="radio"/>
Allergies	<input type="radio"/>	<input type="radio"/>
History of Asthma	<input type="radio"/>	<input type="radio"/>
Autoimmune Diseases	<input type="radio"/>	<input type="radio"/>
Blood Disorders	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>
Low Blood Pressure	<input type="radio"/>	<input type="radio"/>
Smoking	<input type="radio"/>	<input type="radio"/>
Epilepsy	<input type="radio"/>	<input type="radio"/>

Visit us at [WWW@SMILEZONE.CA](http://WWW@SMILEZONE.CA)

Phone (403)278-3232

FAX (403)271-1454

E-Mail [duncan.brown@smilezone.ca](mailto:duncan.brown@smilezone.ca)

\*denotes Professional Corporation

	YES	NO
Diabetes	<input type="radio"/>	<input type="radio"/>
Aids, HIV, Hepatitis A, B, C	<input type="radio"/>	<input type="radio"/>
Are you presently taking medications? Please List.	<input type="radio"/>	<input type="radio"/>
Have any other family members had orthodontic treatment?	<input type="radio"/>	<input type="radio"/>
Please, describe any prior orthodontic experience.	<input type="radio"/>	<input type="radio"/>
Have you had TMD (jaw joint) problems in the past?	<input type="radio"/>	<input type="radio"/>
Do you have "clicking or locking" of the jaw joints?	<input type="radio"/>	<input type="radio"/>
Do you have pain around the jaw joints or ears?	<input type="radio"/>	<input type="radio"/>
Have you been treated for a "jaw joint problem"?	<input type="radio"/>	<input type="radio"/>
Have you had a history of injuries to your face, lips, or teeth?	<input type="radio"/>	<input type="radio"/>

**Thank You!**

**Signature** \_\_\_\_\_



Visit us at [WWW@SMILEZONE.CA](http://WWW@SMILEZONE.CA)

Phone (403)278-3232

FAX (403)271-1454

E-Mail [duncan.brown@smilezone.ca](mailto:duncan.brown@smilezone.ca)

\*denotes Professional Corporation