MK Orthodontics
Michal Kleinlerer, DMD, MMSc
www.mkorthodontics.com
16 Industrial Dr. • Augusta ME 04330 • p 207.621.0033 f 207.622.0337
325 Kennedy Memorial Dr. #C • Waterville ME 04901 • p 207.873.5333 f 207.873.0572

Preliminary Health History Form

•First Name _____ •Middle Name _____ •Last Name _____

•Birthdate _____ •Gender M F

•If the patient is a minor, parents' or guardians' name _____

Emergency Contact Information

•Name of the nearest relative not living with you _____

•Complete Address _____

•Home Phone _____ •Cell Phone _____

Medical History

•Physician _____ •Phone Number _____•Date of last visit _____

•Are you taking any medication (if yes, which ones)?

_____

Please check any of the following that you have had or currently have:

☐Abnormal bleeding/Hemophilia
☐ADD/ADHD
☐Asthma/Hay Fever
☐Autism
☐Congenital Heart Defect
☐Diabetes
☐Epilepsy
☐Heart Problems
☐Heart Murmur
☐Hepatitis/Liver Problems
☐Herpes
☐High Blood Pressure
☐HIV/AIDs
☐Prolonged Bleeding
☐Radiation/Chemotherapy
☐Tumor/Cancer

Are there any medical conditions we have not discussed that you feel we should be aware of?

_____

•General Dentist _____•Date of Last Visit _____

•What concerns you most about your teeth? _____

•Are you presently in any dental pain? _____

•Have you ever seen an orthodontist? _____

•Are you concerned about any jaw issues (for example: clicking, popping, pain, tension)?

_____