

Madison Pediatric Dental & Orthodontics 220 West Broadway, Madison, WI 53716

Dr. Thomas Wenham, DMD Orthodontist

	Today's Date					
Name						
Preferred Name		Gender Identity				
Address						
City/State/Zip:						
Home Phone: Cell Ph	none:					
Email:		Emp	oloyer:			
Family Dentist: Family P	hysician:		Refe	erred by:		
Are you covered by insurance for Orthodontic Care?	Yes	No				
f yes, by which insurance company?						
Health History:						
Have you ever had:	-		-		5 /	
☐ Asthma ☐ Blood Disease ☐ Diabetes	☐ Endocrine F		☐ Heart Disc		☐ Head/Face Injury	
☐ Anemia ☐ Bone Disorders ☐ Epilepsy☐ Other:	☐ Emotional I	robiems	☐ Hearing D	isoraer	☐ Rheumatic Fever	
Please List current medications:						
o you:			- 1			
Have allergies to: Seasonal Grasses						
Drugs/Medications 2. Snore when sleeping?	Yes		No			
3. Breathe through mouth?	Yes		No			
4. Have frequent colds?	Yes		No			
5. Have frequent sore throat or tonsillitis?	Yes		No			
6. Have chewing or swallowing difficulty?	Yes		No			
Women Only:						
Are you pregnant? Yes	No					
Are you anticipating becoming pregnant? Yes	No					
Dental History:						
Do you have pain or clicking in jaw joint?	41	Yes	No			
Have any teeth been injured due to accidents or blows to		Yes	No			
Have you received or been requested to receive speech or	orrections	Yes	No			
The following habits are of interest for orthodontic treatn	nent. List all inform	ation as it	pertains to you	:		
Thumb sucking until age			ng of teeth	Yes	No	
Finger sucking until age		Tongue	e thrusting	Yes	No	
Lip biting or sucking Yes No		Other	habits	Yes	No	
Have you had any unusual dental experiences? Yes	No					
f yes, please specify:						
Have you ever had previous orthodontic consultation or t	reatment?	Yes	No			
If yes: Date Dr						
Are there any other medical, dental or surgical problems i	not covered above	? Yes	No			
DATIENT'S ATTITUDE TOWARD TEETULEACE AND ORTHOG		т.				
PATIENT'S ATTITUDE TOWARD TEETH, FACE AND ORTHOD	e A Year		Urgent	Never		
Dental Checkups: Twice A Year Once			U15C11L	INCACI		
•	c A Teal	- /	J			
Dental Checkups: Twice A Year Once Date of last dental checkup Drthodontic consultation prompted by: Patie			Ü			