David P. Forbes, D.D.S., P.C.
**SpringHill Executive Center**
**600 West Springhill Ring Road**
**West Dundee, Illinois 60118**
**(847)836-1415**

**Patient Name:**_____

**Patient Medical History: Please circle Yes or No.**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| AIDS | Y N | Cerebral palsy | Y N | Epilepsy | Y N | Low Blood Pressure | Y N | Prolonged Bleeding | Y N |
| Allergies | Y N | Chest Pains | Y N | Fainting, Dizziness | Y N | Mouth breathing | Y N | Rheumatic Fever | Y N |
| Anemia | Y N | Chronic neck pain | Y N | Glaucoma | Y N | Muscular disorders | Y N | Scoliosis | Y N |
| Arthritis | Y N | Clicking of jaw | Y N | Headaches | Y N | Nervous Disorders | Y N | Seizures | Y N |
| Aspirin | Y N | Cold Sores/Herpes | Y N | Heart condition | Y N | Organ Transplant | Y N | Speech problems | Y N |
| Asthma | Y N | Diabetes | Y N | Hepatitis | Y N | Painful chewing | Y N | TMJ problems | Y N |
| Bone Disorders | Y N | Downs Syndrome | Y N | High Blood Pressure | Y N | Periodontal problems | Y N | Tooth Grinding | Y N |
| Bulimia | Y N | Drug allergies | Y N | Immune problems | Y N | Pneumonia | Y N | Tuberculosis | Y N |
| Cancer | Y N | Emotional disorders | Y N | Kidney Problems | Y N | Pregnant | Y N | | |

Any disease, problems, or allergies not mentioned above? Y N If so, please list:_____
_____

Please list any current medications: _____

Have wisdom teeth been extracted? Y N

Any face, mouth or teeth injuries? Y N If so, please list/explain:_____
_____

Does the patient normally breathe through the mouth while awake or asleep? Y N

Do gums bleed when brushed or flossed? Y N

Are there any missing or extra teeth? Y N

Have the tonsils or adenoids been removed? Y N

Has an orthodontist been consulted previously? Y N

Have you had previous orthodontic treatment? Y N